

Section A - CONTACTING THE HOUSEHOLD

A1. Hello, my name is (Specify name) and I'm from the U.S. Census Bureau. Here is my identification. Also, hand respondent a Privacy Act Notice, DD-31.

A2. Is this the household?

- 1 Yes - SKIP to A4a
- 2 No - Continue to A3

A3. Is this

- 1 Yes - SKIP to Section B
- 2 No - Stop Interview. Find correct address and start over.

A4a. Do you know who completed the census form or interview?

- 1 Yes - Continue to A4b
- 2 No - SKIP to A5

A4b. Who is that person?

- 1 _____
 - 2 _____
 - 3 _____
 - 4 _____
 - 5 _____
 - 6 _____
 - 7 _____
- } SKIP to A6
- 8 Respondent who filled out census form is not living at household
 - 9 Respondent who filled out census form is 15 or under
 - 10 Refuse
- } Continue to A5

A5. May I speak to

- 1 Yes, _____ is available - SKIP to Section C
 - 2 No, respondent no longer lives here
 - 3 No, respondent is currently not available
- } SKIP to A7

A6. May I speak to (read name selected in A4)?

- 1 Yes, (name selected in A4) is available - SKIP to Section C
 - 2 No, respondent no longer lives here
 - 3 No, respondent is currently not available
- } Continue to A7

A7. Can I speak with an adult member of the household who was living here on May 1, 2008?

- 1 Yes - Continue to A8
 - 2 No one is available - Attempt to schedule callback appointment ↘
- | | | | |
|----------------------|----------------------|----------------------|-------------------------------|
| Callback date(s) | | | Callback time(s) |
| Month | Day | Year | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | | <input type="checkbox"/> a.m. |
| | | | <input type="checkbox"/> p.m. |
| Month | Day | Year | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | | <input type="checkbox"/> a.m. |
| | | | <input type="checkbox"/> p.m. |
| Month | Day | Year | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | | <input type="checkbox"/> a.m. |
| | | | <input type="checkbox"/> p.m. |
- If an adult member is NOT available after 3rd successful contact - SKIP to Section H
- 3 Refuse - End interview

Introduce yourself, if necessary. Hand respondent a Privacy Act Notice, DD-31.

A8. What is your name?

Enter name of new respondent

_____ - SKIP to Section C

Section B – IDENTIFYING THE CORRECT HOUSEHOLD

Introduce yourself, if necessary. Hand respondent a Privacy Act Notice, DD-31.

B1. The purpose of my visit is to help the Census Bureau take the most accurate census. We need to be sure that we counted everyone at the right address.

B2. Do you know the

household?

1 Yes – Continue to B3
 2 No – SKIP to B6

B3. Did the

household move out, are they neighbors who live nearby, or do you know them some other way?

1 Moved out – Continue to B4a
 2 They are our neighbors } SKIP to B5a
 3 Other }

B4a. When did they move out?

Month Day Year

If any part of date fields are missing – Continue to B4b, else SKIP to B5a

1 Don't know – Continue to B4b
 2 Refuse – SKIP to B5a

B4b. Did the

household move out before, on, or after May 1, 2008?

1 Before May 1, 2008
 2 On May 1, 2008
 3 After May 1, 2008
 4 Don't know
 5 Refuse

} Continue to B5a

B5a. Do you know how to contact the

household?

1 Yes – Continue to B5b
 2 No – SKIP to B6

B5b. What is the address and phone number?

House number and street		Apt/Unit No.
<input type="text"/>		<input type="text"/>
City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone	Area code	Number
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>

B6. Were you living at

on May 1, 2008?

1 Yes } Continue to B7a
 2 No }

B7a. Is there another address that people might use to refer to this place such as a different street name, apartment number, or a 911 address?

1 Yes – Continue to B7b
 2 No – SKIP to B8a

B7b. What is that address?

House number and street		Apt/Unit No.
<input type="text"/>		<input type="text"/>
City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

B8a. How would you describe this building? Is it –
 (Enumerator: Read response categories.)

1 **A mobile home?** – SKIP to Section H
 2 **A house?** – Continue to B8b
 3 **An apartment?** – SKIP to B8c
 4 **A boat, RV, van, etc?** – SKIP to Section H

B8b. Does this house have an apartment, such as a basement or garage apartment?

1 Yes } SKIP to Section H
 2 No }

B8c. From the following categories, how many apartments are in your building?
 (Enumerator: Read response categories.)

1 **1, such as an apartment over a business or connected to a house**
 2 **2**
 3 **3 or 4**
 4 **5 to 9**
 5 **10 or more**

} SKIP to Section H

Section E – MOVERS

E1. In April or May, did anyone move out (including those people you just added)? 7

1 Yes – Continue to E2
 2 No
 3 Don't know } SKIP to Section F
 4 Refuse

Person number and name	E2. Who moved out? Please list all people who moved out around May 1, 2008?	E3. What date did (Name) move out?	E4. Did (Name) move out before, on, or after May 1, 2008?	E5. How certain are you about the date of the move? (Enumerator: Read response categories.)	E6. Do you expect (Name) to move back here?
<input type="checkbox"/> Yes – Continue to E3	Month Day Year <input type="text"/> <input type="text"/> If any date field blank – Continue to E4 If date fields complete – SKIP to E5 1 <input type="checkbox"/> Don't know } Continue to E4 2 <input type="checkbox"/> Refuse	1 <input type="checkbox"/> Before May 1 2 <input type="checkbox"/> On May 1 3 <input type="checkbox"/> After May 1 4 <input type="checkbox"/> Don't know 5 <input type="checkbox"/> Refuse } SKIP to E6	1 <input type="checkbox"/> Very certain 2 <input type="checkbox"/> Somewhat certain 3 <input type="checkbox"/> Somewhat uncertain 4 <input type="checkbox"/> Very uncertain	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
<input type="checkbox"/> Yes – Continue to E3	Month Day Year <input type="text"/> <input type="text"/> If any date field blank – Continue to E4 If date fields complete – SKIP to E5 1 <input type="checkbox"/> Don't know } Continue to E4 2 <input type="checkbox"/> Refuse	1 <input type="checkbox"/> Before May 1 2 <input type="checkbox"/> On May 1 3 <input type="checkbox"/> After May 1 4 <input type="checkbox"/> Don't know 5 <input type="checkbox"/> Refuse } SKIP to E6	1 <input type="checkbox"/> Very certain 2 <input type="checkbox"/> Somewhat certain 3 <input type="checkbox"/> Somewhat uncertain 4 <input type="checkbox"/> Very uncertain	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
<input type="checkbox"/> Yes – Continue to E3	Month Day Year <input type="text"/> <input type="text"/> If any date field blank – Continue to E4 If date fields complete – SKIP to E5 1 <input type="checkbox"/> Don't know } Continue to E4 2 <input type="checkbox"/> Refuse	1 <input type="checkbox"/> Before May 1 2 <input type="checkbox"/> On May 1 3 <input type="checkbox"/> After May 1 4 <input type="checkbox"/> Don't know 5 <input type="checkbox"/> Refuse } SKIP to E6	1 <input type="checkbox"/> Very certain 2 <input type="checkbox"/> Somewhat certain 3 <input type="checkbox"/> Somewhat uncertain 4 <input type="checkbox"/> Very uncertain	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
<input type="checkbox"/> Yes – Continue to E3	Month Day Year <input type="text"/> <input type="text"/> If any date field blank – Continue to E4 If date fields complete – SKIP to E5 1 <input type="checkbox"/> Don't know } Continue to E4 2 <input type="checkbox"/> Refuse	1 <input type="checkbox"/> Before May 1 2 <input type="checkbox"/> On May 1 3 <input type="checkbox"/> After May 1 4 <input type="checkbox"/> Don't know 5 <input type="checkbox"/> Refuse } SKIP to E6	1 <input type="checkbox"/> Very certain 2 <input type="checkbox"/> Somewhat certain 3 <input type="checkbox"/> Somewhat uncertain 4 <input type="checkbox"/> Very uncertain	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
<input type="checkbox"/> Yes – Continue to E3	Month Day Year <input type="text"/> <input type="text"/> If any date field blank – Continue to E4 If date fields complete – SKIP to E5 1 <input type="checkbox"/> Don't know } Continue to E4 2 <input type="checkbox"/> Refuse	1 <input type="checkbox"/> Before May 1 2 <input type="checkbox"/> On May 1 3 <input type="checkbox"/> After May 1 4 <input type="checkbox"/> Don't know 5 <input type="checkbox"/> Refuse } SKIP to E6	1 <input type="checkbox"/> Very certain 2 <input type="checkbox"/> Somewhat certain 3 <input type="checkbox"/> Somewhat uncertain 4 <input type="checkbox"/> Very uncertain	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
<input type="checkbox"/> Yes – Continue to E3	Month Day Year <input type="text"/> <input type="text"/> If any date field blank – Continue to E4 If date fields complete – SKIP to E5 1 <input type="checkbox"/> Don't know } Continue to E4 2 <input type="checkbox"/> Refuse	1 <input type="checkbox"/> Before May 1 2 <input type="checkbox"/> On May 1 3 <input type="checkbox"/> After May 1 4 <input type="checkbox"/> Don't know 5 <input type="checkbox"/> Refuse } SKIP to E6	1 <input type="checkbox"/> Very certain 2 <input type="checkbox"/> Somewhat certain 3 <input type="checkbox"/> Somewhat uncertain 4 <input type="checkbox"/> Very uncertain	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	

Section F – OTHER ADDRESSES

F1. Some people live or stay in more than one place and we would like to make sure everyone was only counted once.

F2. In the spring of 2008, was anyone attending college?
 Ask for persons 17 to 25 years old, including added persons.

1 Yes – Continue to F3
 2 No
 3 Don't know } SKIP to F7
 4 Refuse }

Person number and name	F3. Who was	F4. Where did (Name) stay while attending college: at this address or some other address?	F5. What is the address where (you/he/she) was staying while attending college? (Enumerator: Probe for dorm/complex name.)	F6. What college or university did (you/he/she) attend?
<input type="checkbox"/> Yes – Continue to F4	1 <input type="checkbox"/> At this address – SKIP to F7 2 <input type="checkbox"/> Some other address – Continue to F5 3 <input type="checkbox"/> Don't know } SKIP to F6 4 <input type="checkbox"/> Refuse }	House number and street Apt./Unit No. City State ZIP Code Dorm/Complex name	University name	
<input type="checkbox"/> Yes – Continue to F4	1 <input type="checkbox"/> At this address – SKIP to F7 2 <input type="checkbox"/> Some other address – Continue to F5 3 <input type="checkbox"/> Don't know } SKIP to F6 4 <input type="checkbox"/> Refuse }	House number and street Apt./Unit No. City State ZIP Code Dorm/Complex name	University name	
<input type="checkbox"/> Yes – Continue to F4	1 <input type="checkbox"/> At this address – SKIP to F7 2 <input type="checkbox"/> Some other address – Continue to F5 3 <input type="checkbox"/> Don't know } SKIP to F6 4 <input type="checkbox"/> Refuse }	House number and street Apt./Unit No. City State ZIP Code Dorm/Complex name	University name	
<input type="checkbox"/> Yes – Continue to F4	1 <input type="checkbox"/> At this address – SKIP to F7 2 <input type="checkbox"/> Some other address – Continue to F5 3 <input type="checkbox"/> Don't know } SKIP to F6 4 <input type="checkbox"/> Refuse }	House number and street Apt./Unit No. City State ZIP Code Dorm/Complex name	University name	
<input type="checkbox"/> Yes – Continue to F4	1 <input type="checkbox"/> At this address – SKIP to F7 2 <input type="checkbox"/> Some other address – Continue to F5 3 <input type="checkbox"/> Don't know } SKIP to F6 4 <input type="checkbox"/> Refuse }	House number and street Apt./Unit No. City State ZIP Code Dorm/Complex name	University name	
<input type="checkbox"/> Yes – Continue to F4	1 <input type="checkbox"/> At this address – SKIP to F7 2 <input type="checkbox"/> Some other address – Continue to F5 3 <input type="checkbox"/> Don't know } SKIP to F6 4 <input type="checkbox"/> Refuse }	House number and street Apt./Unit No. City State ZIP Code Dorm/Complex name	University name	

Section F – OTHER ADDRESSES – Continued

F7. In April or May, was any child living or staying part of the time with someone else?

Ask for persons younger than 18, including added persons.

- 1 Yes – Continue to F8
 - 2 No
 - 3 Don't know
 - 4 Refuse
- } SKIP to F10

Person number and name	F8. What is the	F9. What is the address where (Name) stayed?																	
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Section F - OTHER ADDRESSES - Continued

F10. Was anyone away from here because of military service? Ask for persons age 17 and older, including added persons. 10

- 1 Yes - Continue to F11
 2 No
 3 Don't know } SKIP to F15
 4 Refuse }

Person number and name	F11. Who was away	F12. Was (Name) overseas?	F13. What type of place did (Name) stay? Was it — (Enumerator: Read response categories.)	F14. What is the address where (you/he/she) stayed?
<input type="checkbox"/> Yes - Continue to F12 <input type="checkbox"/> No <input type="checkbox"/> Don't know } SKIP to F15 <input type="checkbox"/> Refuse }	<input type="checkbox"/> Yes - Continue to F12 <input type="checkbox"/> No <input type="checkbox"/> Don't know } Continue to F13 <input type="checkbox"/> Refuse }	1 <input type="checkbox"/> Yes - SKIP to F15 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } Continue to F13 4 <input type="checkbox"/> Refuse }	1 <input type="checkbox"/> Military barracks 2 <input type="checkbox"/> A ship 3 <input type="checkbox"/> Other housing either on-base or off-base Don't know } SKIP to F15 5 <input type="checkbox"/> Refuse }	House number and street Apt./Unit No. _____ _____ City _____ State ZIP Code _____ _____
<input type="checkbox"/> Yes - Continue to F12 <input type="checkbox"/> No <input type="checkbox"/> Don't know } SKIP to F15 <input type="checkbox"/> Refuse }	<input type="checkbox"/> Yes - Continue to F12 <input type="checkbox"/> No <input type="checkbox"/> Don't know } Continue to F13 <input type="checkbox"/> Refuse }	1 <input type="checkbox"/> Yes - SKIP to F15 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } Continue to F13 4 <input type="checkbox"/> Refuse }	1 <input type="checkbox"/> Military barracks 2 <input type="checkbox"/> or dormitories 3 <input type="checkbox"/> A ship 4 <input type="checkbox"/> A military disciplinary treatment facility barracks or jail 5 <input type="checkbox"/> Other housing	House number and street Apt./Unit No. _____ _____ City _____ State ZIP Code _____ _____
<input type="checkbox"/> Yes - Continue to F12 <input type="checkbox"/> No <input type="checkbox"/> Don't know } SKIP to F15 <input type="checkbox"/> Refuse }	<input type="checkbox"/> Yes - Continue to F12 <input type="checkbox"/> No <input type="checkbox"/> Don't know } Continue to F13 <input type="checkbox"/> Refuse }	1 <input type="checkbox"/> Yes - SKIP to F15 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } Continue to F13 4 <input type="checkbox"/> Refuse }	1 <input type="checkbox"/> Military barracks 2 <input type="checkbox"/> A ship 3 <input type="checkbox"/> Other housing either on-base or off-base Don't know } SKIP to F15 5 <input type="checkbox"/> Refuse }	House number and street Apt./Unit No. _____ _____ City _____ State ZIP Code _____ _____
<input type="checkbox"/> Yes - Continue to F12 <input type="checkbox"/> No <input type="checkbox"/> Don't know } SKIP to F15 <input type="checkbox"/> Refuse }	<input type="checkbox"/> Yes - Continue to F12 <input type="checkbox"/> No <input type="checkbox"/> Don't know } Continue to F13 <input type="checkbox"/> Refuse }	1 <input type="checkbox"/> Yes - SKIP to F15 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } Continue to F13 4 <input type="checkbox"/> Refuse }	1 <input type="checkbox"/> Military barracks 2 <input type="checkbox"/> A ship 3 <input type="checkbox"/> Other housing either on-base or off-base Don't know } SKIP to F15 5 <input type="checkbox"/> Refuse }	House number and street Apt./Unit No. _____ _____ City _____ State ZIP Code _____ _____
<input type="checkbox"/> Yes - Continue to F12 <input type="checkbox"/> No <input type="checkbox"/> Don't know } SKIP to F15 <input type="checkbox"/> Refuse }	<input type="checkbox"/> Yes - Continue to F12 <input type="checkbox"/> No <input type="checkbox"/> Don't know } Continue to F13 <input type="checkbox"/> Refuse }	1 <input type="checkbox"/> Yes - SKIP to F15 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } Continue to F13 4 <input type="checkbox"/> Refuse }	1 <input type="checkbox"/> Military barracks 2 <input type="checkbox"/> A ship 3 <input type="checkbox"/> Other housing either on-base or off-base Don't know } SKIP to F15 5 <input type="checkbox"/> Refuse }	House number and street Apt./Unit No. _____ _____ City _____ State ZIP Code _____ _____
<input type="checkbox"/> Yes - Continue to F12 <input type="checkbox"/> No <input type="checkbox"/> Don't know } SKIP to F15 <input type="checkbox"/> Refuse }	<input type="checkbox"/> Yes - Continue to F12 <input type="checkbox"/> No <input type="checkbox"/> Don't know } Continue to F13 <input type="checkbox"/> Refuse }	1 <input type="checkbox"/> Yes - SKIP to F15 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } Continue to F13 4 <input type="checkbox"/> Refuse }	1 <input type="checkbox"/> Military barracks 2 <input type="checkbox"/> A ship 3 <input type="checkbox"/> Other housing either on-base or off-base Don't know } SKIP to F15 5 <input type="checkbox"/> Refuse }	House number and street Apt./Unit No. _____ _____ City _____ State ZIP Code _____ _____

Section F – OTHER ADDRESSES – Continued

F15. In April or May, did anyone live or stay away from here because of a job or business?

11

Ask for persons age 16 and older, including added persons.

- 1 Yes – Continue to F16
 - 2 No
 - 3 Don't know
 - 4 Refuse
- } SKIP to F19

Person number and name	F16.	F17. Did (Name) have another place where (you/he/she) stayed regularly for that job or business?	F18. What is the address of that place?												
	<input type="checkbox"/> Yes – Continue to F17	1 <input type="checkbox"/> Yes – Continue to F18 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Refuse <p style="margin-left: 100px;">} SKIP to F19</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">House number and street</td> <td style="width: 20%;">Apt./Unit No.</td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td colspan="2">City</td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td>State</td> <td>ZIP Code</td> </tr> <tr> <td><hr/></td> <td><hr/></td> </tr> </table>	House number and street	Apt./Unit No.	<hr/>		City		<hr/>		State	ZIP Code	<hr/>	<hr/>
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	<input type="checkbox"/> Yes – Continue to F17	1 <input type="checkbox"/> Yes – Continue to F18 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Refuse <p style="margin-left: 100px;">} SKIP to F19</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">House number and street</td> <td style="width: 20%;">Apt./Unit No.</td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td colspan="2">City</td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td>State</td> <td>ZIP Code</td> </tr> <tr> <td><hr/></td> <td><hr/></td> </tr> </table>	House number and street	Apt./Unit No.	<hr/>		City		<hr/>		State	ZIP Code	<hr/>	<hr/>
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Section F – OTHER ADDRESSES – Continued

F19. Did anyone have a seasonal home or second home? *Ask for all persons, including added persons.*

12

- 1 Yes – Continue to F20
 - 2 No
 - 3 Don't know
 - 4 Refuse
- } SKIP to F22

Person number and name	F20.	F21. For (Name) What is the address of that place?															
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Section F – OTHER ADDRESSES – Continued

F22. In April or May, did anyone stay somewhere else for an extended time or live part of the time at another residence? Ask for all persons, including added persons.

- 1 Yes – Continue to F23
 - 2 No
 - 3 Don't know
 - 4 Refuse
- } SKIP to Enumerator Check Item

Person number and name	F23.	F24. For (Name), What is the address of that place?															
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Section F – OTHER ADDRESSES – Continued

<p>Person number and name</p>	<p>Enumerator Check Item: <i>DO NOT READ</i></p> <p>For questions: F3 (college), F8 (custody), F11 (military), F16 (job), F20 (second home), and F23 (stay elsewhere), are any marked yes?</p>	<p>F25. In April or May, where did (Name) live or stay most of the time?</p> <p><i>(Enumerator: Read response categories.)</i></p>	<p>F26a. Which of the following categories most accurately describes the amount of time (you/he/she) stay(s) at the other place?</p> <p><i>(Enumerator: Read response categories.)</i></p>
<p> </p>	<p>1 <input type="checkbox"/> Yes – <i>Continue to F25</i> 2 <input type="checkbox"/> No – <i>SKIP to F27a</i></p>	<p>1 <input type="checkbox"/> This address, 2 <input type="checkbox"/> The other place, or 3 <input type="checkbox"/> Both places equally } <i>SKIP to F27a</i> 4 <input type="checkbox"/> Don't know } <i>Continue to F26a</i> 5 <input type="checkbox"/> Refuse</p>	<p>1 <input type="checkbox"/> A few days each week – <i>Continue to F26b</i> 2 <input type="checkbox"/> A few weeks each month – <i>SKIP to F26c</i> 3 <input type="checkbox"/> Months at a time – <i>SKIP to F26d</i> 4 <input type="checkbox"/> Some other period of time } <i>SKIP to F26e</i> 5 <input type="checkbox"/> Don't know 6 <input type="checkbox"/> Refuse</p>
<p> </p>	<p>1 <input type="checkbox"/> Yes – <i>Continue to F25</i> 2 <input type="checkbox"/> No – <i>SKIP to F27a</i></p>	<p>1 <input type="checkbox"/> This address, 2 <input type="checkbox"/> The other place, or 3 <input type="checkbox"/> Both places equally } <i>SKIP to F27a</i> 4 <input type="checkbox"/> Don't know } <i>Continue to F26a</i> 5 <input type="checkbox"/> Refuse</p>	<p>1 <input type="checkbox"/> A few days each week – <i>Continue to F26b</i> 2 <input type="checkbox"/> A few weeks each month – <i>SKIP to F26c</i> 3 <input type="checkbox"/> Months at a time – <i>SKIP to F26d</i> 4 <input type="checkbox"/> Some other period of time } <i>SKIP to F26e</i> 5 <input type="checkbox"/> Don't know 6 <input type="checkbox"/> Refuse</p>
<p> </p>	<p>1 <input type="checkbox"/> Yes – <i>Continue to F25</i> 2 <input type="checkbox"/> No – <i>SKIP to F27a</i></p>	<p>1 <input type="checkbox"/> This address, 2 <input type="checkbox"/> The other place, or 3 <input type="checkbox"/> Both places equally } <i>SKIP to F27a</i> 4 <input type="checkbox"/> Don't know } <i>Continue to F26a</i> 5 <input type="checkbox"/> Refuse</p>	<p>1 <input type="checkbox"/> A few days each week – <i>Continue to F26b</i> 2 <input type="checkbox"/> A few weeks each month – <i>SKIP to F26c</i> 3 <input type="checkbox"/> Months at a time – <i>SKIP to F26d</i> 4 <input type="checkbox"/> Some other period of time } <i>SKIP to F26e</i> 5 <input type="checkbox"/> Don't know 6 <input type="checkbox"/> Refuse</p>
<p> </p>	<p>1 <input type="checkbox"/> Yes – <i>Continue to F25</i> 2 <input type="checkbox"/> No – <i>SKIP to F27a</i></p>	<p>1 <input type="checkbox"/> This address, 2 <input type="checkbox"/> The other place, or 3 <input type="checkbox"/> Both places equally } <i>SKIP to F27a</i> 4 <input type="checkbox"/> Don't know } <i>Continue to F26a</i> 5 <input type="checkbox"/> Refuse</p>	<p>1 <input type="checkbox"/> A few days each week – <i>Continue to F26b</i> 2 <input type="checkbox"/> A few weeks each month – <i>SKIP to F26c</i> 3 <input type="checkbox"/> Months at a time – <i>SKIP to F26d</i> 4 <input type="checkbox"/> Some other period of time } <i>SKIP to F26e</i> 5 <input type="checkbox"/> Don't know 6 <input type="checkbox"/> Refuse</p>
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<p> </p>	<p>1 <input type="checkbox"/> Yes – <i>Continue to F25</i> 2 <input type="checkbox"/> No – <i>SKIP to F27a</i></p>	<p>1 <input type="checkbox"/> This address, 2 <input type="checkbox"/> The other place, or 3 <input type="checkbox"/> Both places equally } <i>SKIP to F27a</i> 4 <input type="checkbox"/> Don't know } <i>Continue to F26a</i> 5 <input type="checkbox"/> Refuse</p>	<p>1 <input type="checkbox"/> A few days each week – <i>Continue to F26b</i> 2 <input type="checkbox"/> A few weeks each month – <i>SKIP to F26c</i> 3 <input type="checkbox"/> Months at a time – <i>SKIP to F26d</i> 4 <input type="checkbox"/> Some other period of time } <i>SKIP to F26e</i> 5 <input type="checkbox"/> Don't know 6 <input type="checkbox"/> Refuse</p>

Section F - OTHER ADDRESSES - Continued

<p>Person number and name</p>	<p>Ask for all persons who marked "Both places equally," "Don't know," or "Refuse" to F25.</p>			
	<p>F26b. During a typical week, did (you/Name) spend more days at this place or the other place?</p>	<p>F26c. During a typical month, did (you/Name) spend more weeks at this place or the other place?</p>	<p>F26d. Last year, did (you/Name) spend more months at this place or the other place?</p>	<p>F26e. (Were you/Was (Name)) staying at this place or at the other place on May 1?</p>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <p align="center">to F26e</p>	<p>1 <input type="checkbox"/> This place 2 <input type="checkbox"/> The other place <input type="checkbox"/> Both places equally <input type="checkbox"/> Don't know</p>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <p align="right">} SKIP to F27a</p> <p>Don't know } SKIP Refuse } to F26e</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <p align="right">} SKIP to F27a</p> <p>Don't know } SKIP Refuse } to F26e</p>	<p>1 <input type="checkbox"/> This place 2 <input type="checkbox"/> The other place <input type="checkbox"/> Don't know } Skip <input type="checkbox"/> Refuse } to F27a</p> <p align="right">} SKIP to F26e</p>	<p>1 <input type="checkbox"/> This place 2 <input type="checkbox"/> The other place <input type="checkbox"/> Don't know <input type="checkbox"/></p>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <p align="right">} SKIP to F27a</p> <p>Don't know } SKIP Refuse } to F26e</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <p align="right">} SKIP to F27a</p> <p>Don't know } SKIP Refuse } to F26e</p>	<p>1 <input type="checkbox"/> This place 2 <input type="checkbox"/> The other place <input type="checkbox"/> Don't know } Skip <input type="checkbox"/> Refus } to F27a</p> <p align="right">} SKIP to F26e</p>	<p>1 <input type="checkbox"/> This place 2 <input type="checkbox"/> The other place <input type="checkbox"/> Don't know <input type="checkbox"/> Refuse</p>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <p align="right">} SKIP to F26e</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <p align="right">} to F27a</p> <p align="right">} SKIP to F26e</p>	<p>1 <input type="checkbox"/> This place 2 <input type="checkbox"/> The other place <input type="checkbox"/> Don't kno } Skip <input type="checkbox"/> } to F27a</p> <p align="right">} SKIP to F26e</p>	<p>1 <input type="checkbox"/> This place 2 <input type="checkbox"/> The other place <input type="checkbox"/> <input type="checkbox"/></p>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>1 <input type="checkbox"/> This place 2 <input type="checkbox"/> The other place <input type="checkbox"/> D } <input type="checkbox"/> } 6e</p>	<p>1 <input type="checkbox"/> This place 2 <input type="checkbox"/> The other place <input type="checkbox"/> Don't know <input type="checkbox"/> Re</p>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>1 <input type="checkbox"/> This place 2 <input type="checkbox"/> The other place } SKIP <input type="checkbox"/> Don't k } to F26 <input type="checkbox"/></p>	<p>1 <input type="checkbox"/> This place <input type="checkbox"/> w <input type="checkbox"/> <input type="checkbox"/></p>

Section F – OTHER ADDRESSES – Continued

F27a. The Census Bureau does a special count of people staying in group facilities. Next, we will check to be sure no one in your household was counted in one of those places on May 1.

Person number and name	F27b. Was (Name) staying in any of the following places on May 1, 2008? <i>(Hand respondent flashcard B.)</i> <i>(Enumerator: Read response categories.)</i>	Ask for those who marked "Some other facility (6)."	Ask if any of the answers 1 through 6 are marked in F27b.	
		F28a. What kind of place is it?	F28b. What is the name of that place?	F28c. What is the address of that place?
	1 <input type="checkbox"/> Independent or assisted living facility <input type="checkbox"/> Nursing home or skilled nursing facility 3 <input type="checkbox"/> Correctional facility, such as jail, prison 4 <input type="checkbox"/> Emergency, transitional, or domestic violence shelter 5 <input type="checkbox"/> Group home 6 <input type="checkbox"/> Some other group facility 7 <input type="checkbox"/> No 8 <input type="checkbox"/> Don't know 9 <input type="checkbox"/> Refuse			House number and street Apt./Unit No. City State ZIP Code
	<input type="checkbox"/> Independent or assisted living facility <input type="checkbox"/> Nursing home or skilled nursing facility 3 <input type="checkbox"/> Correctional facility, such as jail, prison 4 <input type="checkbox"/> Emergency, transitional, or domestic violence shelter 5 <input type="checkbox"/> Group home 6 <input type="checkbox"/> Some other group facility 7 <input type="checkbox"/> No 8 <input type="checkbox"/> Don't know 9 <input type="checkbox"/> Refuse			House number and street Apt./Unit No. City State ZIP Code
	<input type="checkbox"/> Independent or assisted living facility <input type="checkbox"/> Nursing home or skilled nursing facility 3 <input type="checkbox"/> Correctional facility, such as jail, prison 4 <input type="checkbox"/> Emergency, transitional, or domestic violence shelter 5 <input type="checkbox"/> Group home 6 <input type="checkbox"/> Some other group facility 7 <input type="checkbox"/> No 8 <input type="checkbox"/> Don't know 9 <input type="checkbox"/> Refuse			House number and street Apt./Unit No. City State ZIP Code
	<input type="checkbox"/> Independent or assisted living facility <input type="checkbox"/> Nursing home or skilled nursing facility 3 <input type="checkbox"/> Correctional facility, such as jail, prison 4 <input type="checkbox"/> Emergency, transitional, or domestic violence shelter 5 <input type="checkbox"/> Group home 6 <input type="checkbox"/> Some other group facility 7 <input type="checkbox"/> No 8 <input type="checkbox"/> Don't know 9 <input type="checkbox"/> Refuse			House number and street Apt./Unit No. City State ZIP Code
	<input type="checkbox"/> Independent or assisted living facility <input type="checkbox"/> Nursing home or skilled nursing facility 3 <input type="checkbox"/> Correctional facility, such as jail, prison 4 <input type="checkbox"/> Emergency, transitional, or domestic violence shelter 5 <input type="checkbox"/> Group home 6 <input type="checkbox"/> Some other group facility 7 <input type="checkbox"/> No 8 <input type="checkbox"/> Don't know 9 <input type="checkbox"/> Refuse			House number and street Apt./Unit No. City State ZIP Code
	<input type="checkbox"/> Independent or assisted living facility <input type="checkbox"/> Nursing home or skilled nursing facility 3 <input type="checkbox"/> Correctional facility, such as jail, prison 4 <input type="checkbox"/> Emergency, transitional, or domestic violence shelter 5 <input type="checkbox"/> Group home 6 <input type="checkbox"/> Some other group facility 7 <input type="checkbox"/> No 8 <input type="checkbox"/> Don't know 9 <input type="checkbox"/> Refuse			House number and street Apt./Unit No. City State ZIP Code

Section G – DEMOGRAPHICS

G1. Now, I'm going to ask you about information that we don't have from your census form.

Person number and name	G2. (How are you/How is (Name)) related to you? (Hand respondent flashcard C.)	G3. Are you/Is (Name) male or female? Mark (X) one box.	G4. What was your/ (Name)'s age on May 1, 2008? Do not enter age in months. For babies less than 1 year old enter zero (0) as the age. Do not round up.	G5. What is your/ (Name)'s date of birth? Print numbers in boxes.
[][] 	N/A	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	Age [][][]	Month Day [][] [][] Year of birth [][][][]
[][] 	1 <input type="checkbox"/> Husband or wife 2 <input type="checkbox"/> Biological son or daughter 3 <input type="checkbox"/> Adopted son or daughter 4 <input type="checkbox"/> Stepson or stepdaughter 5 <input type="checkbox"/> Brother or sister 6 <input type="checkbox"/> Father or mother 7 <input type="checkbox"/> Grandchild 8 <input type="checkbox"/> Parent in-law 9 <input type="checkbox"/> Son-in-law or daughter-in-law 10 <input type="checkbox"/> Other relative 11 <input type="checkbox"/> Roomer or boarder 12 <input type="checkbox"/> Housemate or roommate 13 <input type="checkbox"/> Unmarried partner 14 <input type="checkbox"/> Foster child or foster adult 15 <input type="checkbox"/> Other nonrelative	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	Age [][][]	Month Day [][] [][] Year of birth [][][][]
[][] 	1 <input type="checkbox"/> Husband or wife 2 <input type="checkbox"/> Biological son or daughter 3 <input type="checkbox"/> Adopted son or daughter 4 <input type="checkbox"/> Stepson or stepdaughter 5 <input type="checkbox"/> Brother or sister 6 <input type="checkbox"/> Father or mother 7 <input type="checkbox"/> Grandchild 8 <input type="checkbox"/> Parent in-law 9 <input type="checkbox"/> Son-in-law or daughter-in-law 10 <input type="checkbox"/> Other relative 11 <input type="checkbox"/> Roomer or boarder 12 <input type="checkbox"/> Housemate or roommate 13 <input type="checkbox"/> Unmarried partner 14 <input type="checkbox"/> Foster child or foster adult 15 <input type="checkbox"/> Other nonrelative	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	Age [][][]	Month Day [][] [][] Year of birth [][][][]
[][] 	1 <input type="checkbox"/> Husband or wife 2 <input type="checkbox"/> Biological son or daughter 3 <input type="checkbox"/> Adopted son or daughter 4 <input type="checkbox"/> Stepson or stepdaughter 5 <input type="checkbox"/> Brother or sister 6 <input type="checkbox"/> Father or mother 7 <input type="checkbox"/> Grandchild 8 <input type="checkbox"/> Parent in-law 9 <input type="checkbox"/> Son-in-law or daughter-in-law 10 <input type="checkbox"/> Other relative 11 <input type="checkbox"/> Roomer or boarder 12 <input type="checkbox"/> Housemate or roommate 13 <input type="checkbox"/> Unmarried partner 14 <input type="checkbox"/> Foster child or foster adult 15 <input type="checkbox"/> Other nonrelative	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	Age [][][]	Month Day [][] [][] Year of birth [][][][]
[][] 	1 <input type="checkbox"/> Husband or wife 2 <input type="checkbox"/> Biological son or daughter 3 <input type="checkbox"/> Adopted son or daughter 4 <input type="checkbox"/> Stepson or stepdaughter 5 <input type="checkbox"/> Brother or sister 6 <input type="checkbox"/> Father or mother 7 <input type="checkbox"/> Grandchild 8 <input type="checkbox"/> Parent in-law 9 <input type="checkbox"/> Son-in-law or daughter-in-law 10 <input type="checkbox"/> Other relative 11 <input type="checkbox"/> Roomer or boarder 12 <input type="checkbox"/> Housemate or roommate 13 <input type="checkbox"/> Unmarried partner 14 <input type="checkbox"/> Foster child or foster adult 15 <input type="checkbox"/> Other nonrelative	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	Age [][][]	Month Day [][] [][] Year of birth [][][][]
[][] 	1 <input type="checkbox"/> Husband or wife 2 <input type="checkbox"/> Biological son or daughter 3 <input type="checkbox"/> Adopted son or daughter 4 <input type="checkbox"/> Stepson or stepdaughter 5 <input type="checkbox"/> Brother or sister 6 <input type="checkbox"/> Father or mother 7 <input type="checkbox"/> Grandchild 8 <input type="checkbox"/> Parent in-law 9 <input type="checkbox"/> Son-in-law or daughter-in-law 10 <input type="checkbox"/> Other relative 11 <input type="checkbox"/> Roomer or boarder 12 <input type="checkbox"/> Housemate or roommate 13 <input type="checkbox"/> Unmarried partner 14 <input type="checkbox"/> Foster child or foster adult 15 <input type="checkbox"/> Other nonrelative	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	Age [][][]	Month Day [][] [][] Year of birth [][][][]

Section G – DEMOGRAPHICS – Continued

<p>Person number and name</p>	<p>G6. (Are you/Is (Name)) of Hispanic, Latino, or Spanish origin?</p>	<p>G7. What is your/(Name)'s race? You may choose one or more races. For this census, Hispanic origins are not races. <i>(Enumerator: Read response categories.)</i></p>	<p>G8. If G6 = "yes" Are you Mexican, Mexican American, or Chicano; Puerto Rican; Cuban; or of another Hispanic, Latino, or Spanish Origin: for example Argentinean; Columbian; Dominican; Nicaraguan; Salvadorean; Spaniard; and so on? <i>(Hand respondent flashcard D.)</i></p>
<p> </p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black, African American, or Negro 3 <input type="checkbox"/> American Indian or Alaska Native 4 <input type="checkbox"/> Asian 5 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander 6 <input type="checkbox"/> Some other race</p>	<p> </p> <p> </p> <p> </p> <p> </p> <p><input type="checkbox"/> Don't know</p>
<p> </p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black, African American, or Negro 3 <input type="checkbox"/> American Indian or Alaska Native 4 <input type="checkbox"/> Asian 5 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander 6 <input type="checkbox"/> Some other race</p>	<p> </p> <p> </p> <p> </p> <p> </p> <p><input type="checkbox"/> Don't know</p>
<p> </p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black, African American, or Negro 3 <input type="checkbox"/> American Indian or Alaska Native 4 <input type="checkbox"/> Asian 5 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander 6 <input type="checkbox"/> Some other race</p>	<p> </p> <p> </p> <p> </p> <p> </p> <p><input type="checkbox"/> Don't know</p>
<p> </p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black, African American, or Negro 3 <input type="checkbox"/> American Indian or Alaska Native 4 <input type="checkbox"/> Asian 5 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander 6 <input type="checkbox"/> Some other race</p>	<p> </p> <p> </p> <p> </p> <p> </p> <p><input type="checkbox"/> Don't know</p>
<p> </p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black, African American, or Negro 3 <input type="checkbox"/> American Indian or Alaska Native 4 <input type="checkbox"/> Asian 5 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander 6 <input type="checkbox"/> Some other race</p>	<p> </p> <p> </p> <p> </p> <p> </p> <p><input type="checkbox"/> Don't know</p>
<p> </p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black, African American, or Negro 3 <input type="checkbox"/> American Indian or Alaska Native 4 <input type="checkbox"/> Asian 5 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander 6 <input type="checkbox"/> Some other race</p>	<p> </p> <p> </p> <p> </p> <p> </p> <p><input type="checkbox"/> Don't know</p>

