



Special Census Transitory Unit Questionnaire

FOR NPC
USE ONLY

SCID State County

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TL Case ID:

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AA TL Tract TL Block

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UNIT ADDRESS

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

Unit/Site Number (column A)	TU Tract	TU Block

Write the full address of the transitory unit and/or a location description →

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

- Rural Route
- Location Description

Rural Route or Location Description (if applicable)

S1. Hello, I am (name) from the U.S. Census Bureau (show ID). Are you currently living or staying in this [RV/boat/room/unit]? If respondent says no, ask, "Is there someone available that I can talk to who currently lives or stays in this [RV/boat/room/unit]?" and then end interview.

Respondent confirmed that he or she lives or stays in this [RV/boat/room/unit].

S2. I am here to complete a Special Census questionnaire for this [RV/boat/room/unit]. It should take about 10 minutes (hand respondent a confidentiality notice). This notice explains that your answers are confidential. Do all of the people who are staying in this [RV/boat/room/unit] have another place where they usually live?

Yes— End interview.

No

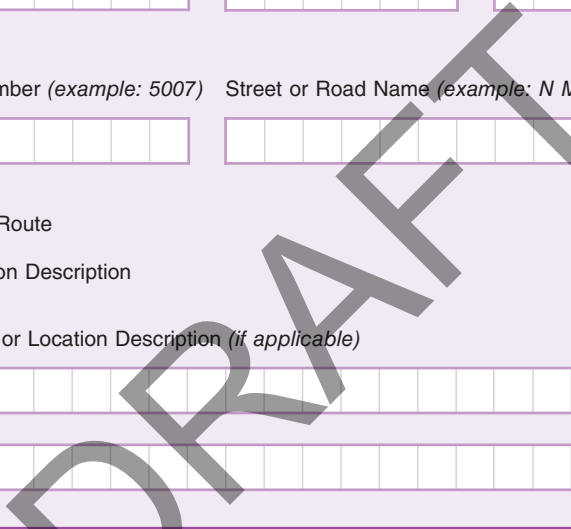
S3. Is this [RV/boat/room/unit]

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?

S4. Please read the WHO TO COUNT section on the Information Sheet (hand respondent an information sheet, and pause to allow the respondent to read it). Based on these instructions, how many people are currently living or staying in this [RV/boat/room/unit] who have no other place where they usually live?

Number of people =



Person 4

1. What is Person 4's name?

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 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. 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

<input type="text"/>	years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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→ 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. ↴

- | | | |
|--|---|--|
| <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 checked="" 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 S4 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

Grid for printing first name

MI box

Last Name(s)

Grid for printing last name

2. Please read the RELATIONSHIP section on the Information Sheet.

How is this person related to Person 1? Mark [X] ONE box.

- Opposite-sex husband/wife/spouse, Opposite-sex unmarried partner, Same-sex husband/wife/spouse, Same-sex unmarried partner, Biological son or daughter, Adopted son or daughter, Stepson or stepdaughter, Brother or sister, Father or mother, Grandchild, Parent-in-law, Son-in-law or daughter-in-law, Other relative, Roommate or housemate, Foster child, Other nonrelative

3. Is this person male or female? Mark [X] 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

Age in years box

years

Month box

Day box

Year of birth box

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.

Grid for printing origin

6. Please read the RACE section on the Information Sheet. What is this person's race?

Mark [X] 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 than 6 people were counted in Question S4, continue with the next person on the Continuation Questionnaire (SC-CQ-TL), 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)

R2. What is your telephone number? We will only contact you if needed for official Census Bureau business.

Telephone Number
 - -

R3. To confirm: Do you

- Currently live or stay in this [RV/boat/room/unit]?
- Not live or stay in this [RV/boat/room/unit] (neighbor or other proxy)?

INTERVIEW SUMMARY

A. Language Code =

B. Number of people listed on questionnaire(s) =
 01 – 99 = Total people

C. Are there any continuation questionnaires for this address?

- Yes → Number of continuation questionnaires =
- No

JIC1 JIC2

RECORD OF CONTACT

Type	Month	Day	Hour	Minute	Outcome	Type	Month	Day	Hour	Minute	Outcome
<input checked="" type="checkbox"/> In-Person	<input style="width: 20px; height: 20px;"/>	<input style="width: 20px; height: 20px;"/>	<input style="width: 20px; height: 20px;"/>	<input style="width: 20px; height: 20px;"/>	<input type="checkbox"/> a.m. <input style="width: 20px; height: 20px;"/> <input type="checkbox"/> p.m.	<input checked="" type="checkbox"/> In-Person	<input style="width: 20px; height: 20px;"/>	<input style="width: 20px; height: 20px;"/>	<input style="width: 20px; height: 20px;"/>	<input style="width: 20px; height: 20px;"/>	<input type="checkbox"/> a.m. <input style="width: 20px; height: 20px;"/> <input type="checkbox"/> p.m.

OUTCOME CODES: NV = Left Notice of Visit NC = No Contact RE = Refusal CI = Conducted Interview OT = Other

CONFIRM TRANSITORY LOCATION NAME

Copy TL Name from the Transitory Location Listing Sheet (SC-693.2)

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

Field Supervisor
Initials

FSA Number

Month Day Year

Month Day Year