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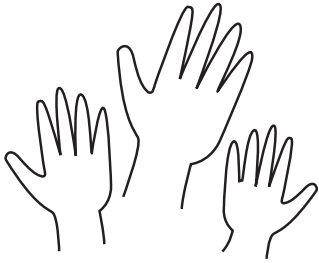
Your Guide to the 2020 Census

How to Respond to the 2020 Census Paper Questionnaire



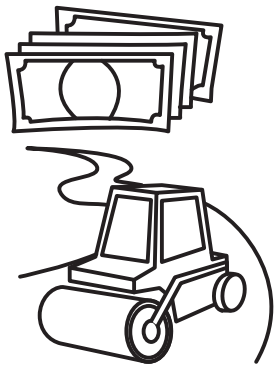
United States®
Census
2020

Welcome to the 2020 Census



Everyone counts.

The goal of this census is to count every living person in the U.S. once, only once, and in the right place. We need your help to make sure everyone in your community gets counted.



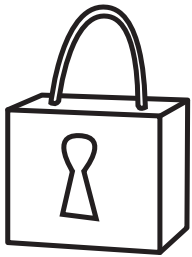
Census data are important.

The U.S. Constitution requires a census every 10 years. The results are used to determine the number of seats each state has in Congress, draw boundaries for voting districts, and determine how more than \$675 billion in federal funding is spent in communities each year.



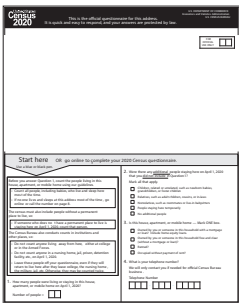
Taking part is your civic duty.

Completing the census is required; it is a way to participate in our democracy and say “I count!”



Your information is confidential.

Federal law protects your responses. Your answers can only be used to produce statistics and cannot be used against you by any government agency or court.



Use this guide to complete the 2020 Census paper questionnaire.

2020 Census paper questionnaires will arrive in mailboxes and on doorsteps throughout the nation.

Before You Begin

- 1. Find your questionnaire and open it to the first page.**
- 2. Use the information in this large print guide to mark your responses on the paper questionnaire.
DO NOT WRITE YOUR ANSWERS ON THIS GUIDE.**
- 3. Before you answer the first question, count the people living in this house, apartment, or mobile home using the guidelines below.**

Read the questions and instructions on the next page.

Do not write your answers on this guide.



Who to Count

Count the people living in this house, apartment or mobile home:

- **Count all people, including babies, who live and sleep here most of the time.**
- **If no one lives or sleeps at this address most of the time, respond online.**

The census must also include people without a permanent place to live:

- **If someone who does not have a permanent place to live is staying here on April 1, 2020, count that person.**

The Census Bureau also conducts counts in institutions and other places:

- **Do not count anyone in a nursing home, jail, prison, detention facility, etc., on April 1, 2020.**
- **Leave these people off your questionnaire, even if they will return to live here after they leave college, the nursing home, the military, jail, etc. Otherwise, they may be counted twice.**

Complete the questions on the front page

DO NOT WRITE YOUR ANSWERS ON THIS GUIDE

1. How many people were living or staying in this house, apartment, or mobile home on April 1, 2020?

Number of people =

**Number of
People**

How many people were living or staying in this house, apartment, or mobile home on April 1, 2020?

Complete the questions on the front page (continued)

DO NOT WRITE YOUR ANSWERS ON THIS GUIDE

2. Were there any additional people staying here on April 1, 2020 that you did not include in Question 1?

Mark all that apply.

- 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

Were there any **additional** people staying here on April 1, 2020 that you **did not include** in Question 1?

Mark all that apply.

- 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

Complete the questions on the front page (continued)

DO NOT WRITE YOUR ANSWERS ON THIS GUIDE

3. Is this house, apartment, or mobile home — Mark **ONE box.**

- Owned by you or someone in this household with a mortgage or loan? *Include 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?

Is this house, apartment, or mobile home—

Mark ONE box.

- **Owned by you or someone in this household with a mortgage or loan? Include home equity loans.**
- **Owned by you or someone in the household free and clear (without a mortgage or loan)?**
- **Rented?**
- **Occupied without payment of rent?**

Complete the questions on the front page (continued)

DO NOT WRITE YOUR ANSWERS ON THIS GUIDE

4. What is your telephone number?

We will only contact you if needed for official Census Bureau business.

Telephone Number

- -

Telephone Number

What is your telephone number?

We will only contact you if needed for official Census Bureau business.

Complete the questions on the left side of page 2

DO NOT WRITE YOUR ANSWERS ON THIS GUIDE

5. Please provide information for each person living here. If there is someone living here who pays the rent or owns this residence, start by listing him or her as Person 1. If the owner or the person who pays the rent does not live here, start by listing any adult living here as Person 1.

What is Person 1's name? *Print name below.*

First Name

MI

Last Name(s)

First Name

Last Name(s)

Middle Initial

Please provide information for each person living here. If there is someone living here who pays the rent or owns this residence, start by listing him or her as Person 1. If the owner or the person who pays rent does not live here, start by listing any adult living here as Person 1.

What is Person 1's name?

Complete the questions on the left side of page 2 (continued)

DO NOT WRITE YOUR ANSWERS ON THIS GUIDE

6. What is Person 1's sex? Mark ONE box.

Male

Female

What is Person 1's sex? Mark ONE box.

■ Male

■ Female

Complete the questions on the left side of page 2 (continued)

DO NOT WRITE YOUR ANSWERS ON THIS GUIDE

7. What is Person 1's age and what is Person 1's date of birth? For babies less than 1 year old, do not write the age in months. Write 0 as the age.

Age on April 1, 2020

years

Print numbers in boxes.

Month

Day

Year of birth

**Age, in years,
on April 1,
2020**

Month

Day

Year of birth

**What is Person 1's age and what is Person 1's date of birth?
For babies less than 1 year old, do not write the age in
months. Write 0 as the age.**

Complete the questions on the left side of page 2 (continued)

DO NOT WRITE YOUR ANSWERS ON THIS GUIDE

8. 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.* ↴

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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.**

Complete the question on the right side of page 2

DO NOT WRITE YOUR ANSWERS ON THIS GUIDE

9. 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. ↴

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- Black or African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc. ↴

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- 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. ↴

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- | | | |
|---|-------------------------------------|--|
| <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. ↴ |

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- Some other race – Print race or origin. ↴

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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.**

Complete the questions for each additional person

Each additional person will be asked the following two questions

DO NOT WRITE YOUR ANSWERS ON THIS GUIDE

2. Does this person usually live or stay somewhere else?

Mark all that apply.

No

Yes, for college

Yes, for a military assignment

Yes, for a job or business

Yes, in a nursing home

Yes, with a parent or other relative

Yes, at a seasonal or second residence

Yes, in a jail or prison

Yes, for another reason

Does this person usually live or stay somewhere else?

Mark all that apply.

■ No

■ Yes, for college

■ Yes, for a military assignment

■ Yes, for a job or business

■ Yes, in a nursing home

■ Yes, with a parent or other relative

■ Yes, at a seasonal or second residence

■ Yes, in a jail or prison

■ Yes, for another reason

Complete the questions for each additional person (continued)

DO NOT WRITE YOUR ANSWERS ON THIS GUIDE

3. 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 |

How is this person related to Person 1?

Mark ONE box.

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

Complete page 8 if you counted more than six people

DO NOT WRITE YOUR ANSWERS ON THIS GUIDE

The diagram illustrates the layout of the questionnaire for 'Person 7'. It shows the following fields and their corresponding labels:

- First Name:** A row of 12 boxes.
- Middle Initial:** A single box.
- Last Name(s):** A row of 12 boxes.
- Sex:** Two checkboxes labeled 'Male' and 'Female'.
- Age on April 1, 2020:** A box for the number of years, followed by the text 'years'.
- Date of Birth:** Three boxes labeled 'Month', 'Day', and 'Year of birth'.
- Related to Person 1?:** Two checkboxes labeled 'Yes' and 'No'.

External labels with arrows point to these fields:

- First Name** points to the First Name boxes.
- Middle Initial** points to the Middle Initial box.
- Last Name(s)** points to the Last Name(s) boxes.
- Male** and **Female** point to the Sex checkboxes.
- Age, in years, on April 1, 2020** points to the Age on April 1, 2020 box.
- Month**, **Day**, and **Year of birth** point to the Date of Birth boxes.
- Related to Person 1? ■ Yes ■ No** points to the Related to Person 1? checkboxes.

Please mail the completed questionnaire in the postage-paid envelope you received.

The 2020 Census is easier than ever.

Did you know you can respond online?

If you are able to complete the 2020 Census online, go to the URL printed on the questionnaire.

Video guides for completing the 2020 Census online are available at 2020census.gov/languages

