

APPENDIX A

2001 SIPP WAVE 4 TOPICAL MODULE QUESTIONNAIRE

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Work Schedule Topical Module

SIPP 2001 Panel Wave 4
Work Schedule Topical Module

>WS01_WSINTRO<

These next questions ask about your work schedule during a typical work week last month.

>WS02_WSEMPCT<

How many employers did you work for during a typical week?

FR NOTE: Count self-employed as one employer.

>WS03_WSNAM1<

The following questions refer to your work schedule with your job during a typical work week last month.

>WS04_WSHRS1<

How many hours per day did you work that week for your job?

FR NOTE: Round partial hours to the nearest whole hour.

_____ Hours

>WS05_WSDYS1<

How many days did you work during that week?

_____ Days

>WS06_WSWHDY1<

Which days of the week were these?

- _____ Monday through Friday
- _____ Sunday
- _____ Monday
- _____ Tuesday
- _____ Wednesday
- _____ Thursday
- _____ Friday
- _____ Saturday
- _____ All seven days

>WS07_WSBEG1<

During that week, at what time of day did you begin work most days for your job?

- _____ : _____
- (1) A.M.
 - (2) P.M.
 - (3) Noon
 - (4) Midnight

>WS08_WSEND1<

At what time of day did you end work most days?

- _____ : _____
- (1) A.M.
 - (2) P.M.
 - (3) Noon
 - (4) Midnight

>WS09_WSHMWK1<

As part of the work schedule for that week, were there any days when you worked only at home for your job?

- (1) Yes
 - (2) No
-

>WS10_WSHOM1<

Which days of the week were these?

- (1) Monday through Friday
- (2) Sunday
- (3) Monday
- (4) Tuesday
- (5) Wednesday
- (6) Thursday
- (7) Friday
- (8) Saturday
- (9) All seven days

>WS11_WSJOB1<

SHOW FLASHCARD NN

Which of the following best describes your work schedule at this job?

- (1) Regular daytime schedule
- (2) Regular evening shift
- (3) Regular night shift
- (4) Rotating shift (one that changes regularly from days to evenings or nights)
- (5) Split shift (one consisting of two distinct periods each day)
- (6) Irregular schedule (one that changes from day to day)
- (7) Other (specify)

>WS12_WSOTH1<

ENTER THE SPECIFIC "OTHER" SITUATION

>WS13_WSMNR1<

What is the MAIN reason you worked this type of schedule?

FR INSTRUCTION: Do Not Read Answer Categories.

VOLUNTARY REASONS

- (1) Better child care arrangements
- (2) Better Pay
- (3) Better arrangements for care of other family members
- (4) Allows time for school
- (5) Other voluntary reasons

INVOLUNTARY REASONS

- (6) Could not get any other job
- (7) Requirement of the job
- (8) Other involuntary reasons

>WS14_WSNAM2<

The following questions refer to your work schedule with your job during a typical work week last month.

PRESS "ENTER" TO CONTINUE.

>WS15_WSHRS2<

How many hours per day did you work that week for your job?

FR NOTE: Round partial hours to the nearest whole hour.

_____ Hours

>WS16_WSDYS2<

How many days did you work during that week?

_____ Days
(H) Help

>WS17_WSWHDY2<

Which days of the week were these?

**ENTER ALL THAT APPLY
ENTER (N) FOR NO MORE.**

- (H) Help
- (1) Monday through Friday
- (2) Sunday
- (3) Monday
- (4) Tuesday
- (5) Wednesday
- (6) Thursday
- (7) Friday
- (8) Saturday
- (9) All seven days

>WS18_WSBEG2<

During that week, at what time of day did you begin work most days for your job?

- _____ : _____
- (1) A.M.
 - (2) P.M.
 - (3) Noon
 - (4) Midnight

>WS19_WSEND2<

At what time of day did you end work most days?

- _____ : _____
- (1) A.M.
 - (2) P.M.
 - (3) Noon
 - (4) Midnight

>WS20_WSHMWK2<

As part of the work schedule for that week, were there any days when you worked only at home for your job?

- (1) Yes
- (2) No

>WS21_WSHOM2<

Which days of the week were these?

**ENTER ALL THAT APPLY
ENTER (N) FOR NO MORE.**

- (1) Monday through Friday
- (2) Sunday
- (3) Monday
- (4) Tuesday
- (5) Wednesday
- (6) Thursday
- (7) Friday
- (8) Saturday
- (9) All seven days

>WS22_WSJOB2<

SHOW FLASHCARD NN

Which of the following best describes your work schedule at this job?

- (1) Regular daytime schedule
 - (2) Regular evening shift
 - (3) Regular night shift
 - (4) Rotating shift (one that changes regularly from days to evenings or nights)
 - (5) Split shift (one consisting of two distinct periods each day)
 - (6) Irregular schedule (one that changes from day to day)
 - (7) Other (specify)
-

>WS23_WSOTH2<

ENTER THE SPECIFIC "OTHER" SITUATION

>WS23_WSMNR2<

What is the MAIN reason you worked this type of schedule?

FR INSTRUCTION: Do not read answer categories.

VOLUNTARY REASONS

- (1) Better child care arrangements
- (2) Better Pay
- (3) Better arrangements for care of other family members
- (4) Allows time for school
- (5) Other voluntary reasons

INVOLUNTARY REASONS

- (6) Could not get any other job
 - (7) Requirement of the job
 - (8) Other involuntary reasons
-

End of Work Schedule Topical Module

Child Care Topical Module

SIPP 2001 Panel Wave 4
Child Care Topical Module

>CHC1INTRO<

Children's activities vary throughout the day depending on their parents' schedules. These next questions will ask about what your children are doing as your schedule changes during the day.

>CHC1_HRWKSCH<

About how many hours per week did you usually spend in school last month?

_____ Hours per week
(V) Hours varied
(N) Not enrolled

>CHC2_HRWKJOB<

About how many hours per week did you usually spend looking for a job last month?

_____ Hours per week
(V) Hours varied
(N) Did not look for a job last month

>CHC2INTRO<

Now we are going to ask a few questions about what your child was doing and who looked after your child in a typical week.

>CHC3_CKD1< AND >CHC4_CKD1A<

During a typical week last month, please tell me if you used any of the following arrangements to look after the child on a regular basis. By regular basis, I mean at least **ONCE A WEEK** during the **PAST MONTH**. SHOW FLASHCARD OO

FR NOTE: Not all flashcard categories may appear below. Only valid categories for respondent are listed on the screen.

(1) Yes (2) No

>CHC3_CKD1<

[IF WORKSCHL=1]

_____ [Child's other parent or stepparent?]

_____ [Did you care for the child while you were working or at school?]

>CHC4_CKD1A<

_____ Brother or sister age 15 or older?

_____ Brother or sister under age 15?

_____ Grandparent?

_____ Any other relative?

_____ Family day care provider caring for 2 or more children outside of your home?

_____ A child care or day care center?

_____ A nursery or preschool?

_____ A federally supported Headstart program?

_____ A non-relative such as a friend, neighbor, sitter, nanny, or aupair?

_____ Other arrangement?

>CHC4A_VERIFY<

I have recorded that you do not use any child care arrangements during the time you are at work. Is this correct?

(1) Yes

(2) No

>CHC4B_VERIFY2<

Which arrangements did you use?

(Reask CHC3_CKD and CHC4_CKD1A)

>CHC5_WHEPAR1<

Did the child's other parent/stepparent care for him or her in the child's home, the other parent's home, another person's home, or someplace else?

Mark only one.

- (1) Child's home
- (2) Other parent's home (parent doesn't live with child)
- (3) Another person's home
- (4) Someplace else

>CHC6_PARHRSA<

How many hours per WEEK did the child's other parent or stepparent usually care for him or her?

_____ Hours

>CHC7_PARHRS1<

Of those hours per week that the child's other parent/stepparent cared for him or her, how many of them were while you were working or at school?

_____ Hours

>CHC8_WHSELF1<

In which of the following places did you care for the child, in your home, at work or school, or someplace else?

Mark only one.

- (1) In your home
 - (2) At work or at school
 - (3) Someplace else
-

>CHC9_SELFHR1<

How many hours per week did you care for the child on a regular basis while you were working or at school?

_____ Hours

>CHC10_WHSB15A<

Did the child's brother or sister age 15 or over care for him or her in the child's home, some other home, or someplace else?

Mark only one.

PROBE: Where was the child cared for most of the time?

- (1) Child's home
 - (2) Other home
 - (3) Someplace else
-

>CHC11_WHSBHRA<

How many hours per week did the child's brother or sister age 15 or over usually care for him or her?

_____ Hours

>CHC12_HRSB15A<

Of those hours per week that the child's brother or sister age 15 or over cared for him or her, how many of them were while you were working or at school?

_____ Hours

>CHC13_WHSB14A<

Did the child's brother or sister UNDER age 15 care for him or her in the child's home, some other home, or someplace else?

Mark only one.

- (1) Child's home
- (2) Other home
- (3) Someplace else

>CHC14_SB14HR<

How many hours per WEEK did the child's brother or sister UNDER age 15 usually care for him or her?

_____ Hours

>CHC15_HRSB14A<

Of those hours per week that the child's brother or sister UNDER age 15 cared for him or her, how many of them were while you were working or at school?

_____ Hours

>CHC16_WHGRAN1<

Did the child's grandparent or set of grandparents usually care for him or her in the child's home, the grandparent's home, or someplace else?

Mark only one.

- (1) Child's home
 - (2) Grandparent's home
 - (3) Someplace else
-

>CHC17_GRANHRA<

How many hours per week did the child's grandparent or set of grandparents usually care for the child?

_____ Hours

>CHC18_HRGRAN1<

Of those hours per week that the child's grandparent or set of grandparents cared for him or her, how many of them were while you were working or at school?

_____ Hours

>CHC19_PAYGRA1<

When the child was cared for by his or her grandparent(s), did you or your family usually make any money payment for this arrangement?

- (1) Yes
 - (2) No
-

>CHC20_AMTGRA1<

In a typical WEEK last month, how much did you or your family pay the child's grandparent or grandparents to watch him or her?

(Note to FR: If payment covers more than one child in this household, ask respondent to split amount between children.)

\$_____ PER WEEK

>CHC21_WHRELA1<

Did this other relative usually care for the child in the child's home, the relative's home or someplace else?

Mark only one.

- (1) Child's home
- (2) Other relative's home
- (3) Someplace else

>CHC22_RELAHRA<

How many hours per WEEK did this other relative usually care for the child?

_____ Hours

>CHC23_RELahr1<

Of those hours per week that the child's other relative cared for him or her, how many of them were while you were working or at school?

_____ Hours

>CHC24_PAYREL1<

When the child was cared for by this other relative, did you or your family usually make any money payment for this arrangement?

- (1) Yes
- (2) No

>CHC25_AMTREL1<

In a typical week last month, how much did you or your family pay the child's other relative to watch him or her?

(Note to FR: If payment covers more than one child in this household, ask respondent to split amount between children.)

\$ _____ PER WEEK

>CHC26_HRSFAMA< (FAMILY DAY CARE)

How many hours per WEEK was the child usually cared for in family day care?

_____ Hours

>CHC27_HRSFAM1<

Of those hours that the child was cared for in family day care, how many of them were while you were working or at school?

_____ Hours

>CHC28_PAYFAM1<

When the child was cared for in family day care, did you or your family usually make any money payment for this arrangement?

- (1) Yes
 - (2) No
-

>CHC29_AMTFAM1<

In a typical WEEK last month, how much did you or your family pay for family day care for the child?

(Note to FR: If payment covers more than one child in this household, ask respondent to split amount between children.)

\$_____ PER WEEK

>CHC30_WHDAYC1<

When the child was cared for in this child care or day care center, was that at your work or school, at a church or religious organization, or someplace else?

Mark only one.

- (1) At work or at school
 - (2) At a church or religious organization
 - (3) Someplace else, including working at the child care or day care center
-

>CHC31_DYHRA1<

How many hours per **WEEK** was the child cared for in this child care or day care center?

_____ Hours

>CHC32_HRDAYC1<

Of those hours per week that the child was cared for in this child care center, how many of them were while you were working or at school?

_____ Hours

>CHC33_PAYDAY1<

When the child was cared for in this child care or day care center, did you or your family usually make any money payment for this arrangement?

- (1) Yes
 - (2) No
-

>CHC34_AMTDAY1<

In a typical week last month, how much did you or your family pay the child care or day care center to care for the child?

(Note to FR: If payment covers more than one child in this household, ask respondent to split amount between children.)

\$_____ PER WEEK

>CHC35_WHNURS1< (NURSERY SCHOOL)

When the child attended nursery or preschool, was this at your work or school, at a church or religious organization, or someplace else?

Mark only one.

- (1) At work or at school
 - (2) At a church or religious organization
 - (3) Someplace else, including working at nursery or preschool
-

>CHC36_NURHRSA<

How many hours per WEEK does the child attend nursery or preschool?

_____ Hours

>CHC37_HRNURS1<

Of those hours per week that the child attended nursery or preschool, how many of them were while you were working or at school?

_____ Hours

>CHC38_PAYNUR1<

When the child attended this nursery or preschool, did you or your family usually make any money payment for this arrangement?

- (1) Yes
 - (2) No
-

>CHC39_AMTNUR1<

In a typical week last month, how much did you or your family pay for the child to attend nursery or preschool?

(Note to FR: If payment covers more than one child in this household, ask respondent to split amount between children.)

\$_____ PER WEEK

>CHC40_HEADHRA<

(Federally supported Headstart)

How many hours per week does the child usually attend Head Start?

_____ Hours

>CHC41_HRSTAR1<

Of those hours per week that the child attended Head Start, how many of them were while you were working or at school?

_____ Hours

>CHC42_PAYSTA1<

When the child attended Head Start, did you or your family usually make any money payment for this arrangement?

- (1) Yes
 - (2) No
-

>CHC43_AMTSTA1<

In a typical week last month, how much did you or your family pay for the child to attend Head Start?

(Note to FR: If payment covers more than one child in this household, ask respondent to split amount between children.)

\$_____ PER WEEK

>CHC44_WHOTHE1<

(Other Friend or neighbor)

Did this non-relative usually care for the child in the child's home, the non-relative's home, or someplace else?

Mark only one.

- (1) Child's home
 - (2) The non-relative's home
 - (3) Someplace else
-

>CHC45_OTHRHRA<

How many hours per WEEK did this non-relative usually care for the child?

_____ Hours

>CHC46_HROTHER1<

Of those hours per week that the child was cared for by this non-relative, how many of them were while you were working or at school?

_____ Hours

>CHC47_PAYOTH1<

When the child was cared for by this non-relative, did you or your family usually make any money payment for this arrangement?

- (1) Yes
 - (2) No
-

>CHC48_AMTOTH1<

In a typical week last month, how much did you or your family pay this non-relative to care for the child?

(Note to FR: If payment covers more than one child in this household, ask respondent to split amount between children.)

\$_____ PER WEEK

>CHC49_CKD2< AND >CHC50_CKD2A<

(THIS IS FOR 6-14 YEAR OLDS)

During a typical week last month, please tell me if you used any of the following arrangements to look after the child on a regular basis. By regular basis, I mean at least ONCE A WEEK during the PAST MONTH. SHOW FLASHCARD OO

FR NOTE: Not all flashcard categories may appear below. Only valid categories for respondent are listed on the screen.

(1) Yes (2) No

>CHC49_CKD2<

_____ Child's other parent or stepparent?

_____ Did you care for the child while you were working or at school?

>CHC50_CKD2A<

_____ Brother or sister age 15 or older?

_____ Brother or sister under age 15?

_____ Grandparent?

_____ Any other relative?

_____ Family day care provider caring for 2 or more children outside of your home?

_____ A child care or day care center?

_____ Organized sports, including practices?

_____ Lessons (music, art, dance, language, computer)?

_____ Clubs (boys/girls clubs, scouts, and other organizations)?

_____ Before or after school care programs?

_____ A non-relative such as a friend, neighbor, sitter, nanny, or aupair?

_____ Other arrangement?

>CHC51_WHEPAR2<

Did the child's other parent/stepparent care for him or her in the child's home, the other parent's home, another person's home, or someplace else?

Mark only one.

(1) Child's home

(2) Other parent's home (parent doesn't live with child)

(3) Another person's home

(4) Someplace else

>CHC52_PARHR2A<

How many hours per WEEK did the child's other parent or stepparent usually care for him or her?

_____ Hours

>CHC53_PARHRS2<

Of those hours per week that the child's other parent/stepparent cared for him or her, how many of them were while you were working or at school?

_____ Hours

>CHC54_WHSELF2<

In which of the following places did you care for the child, in your home, at work or school, or someplace else?

Mark only one.

- (1) In your home
 - (2) At work or at school
 - (3) Someplace else
-

>CHC55_SELFR2<

How many hours per week did you care for the child on a regular basis while you were working or at school?

_____ Hours

>CHC56_WHSB15B<

Did the child's brother or sister age 15 or over care for him or her in the child's home, some other home, or someplace else?

Mark only one.

PROBE: Where was the child cared for most of the time?

- (1) Child's home
- (2) Other home
- (3) Someplace else

>CHC57_WHSBHRB<

How many hours per week did the child's brother or sister age 15 or over usually care for him or her?

_____ Hours

>CHC58_HRSB15B<

Of those hours per week that the child's brother or sister age 15 or over cared for him or her, how many of them were while you were working or at school?

_____ Hours

>CHC59_WHSB14B<

Did the child's brother or sister UNDER age 15 care for him or her in the child's home, some other home, or someplace else?

Mark only one.

- (1) Child's home
 - (2) Other home
 - (3) Someplace else
-

>CHC60_SB14HB<

How many hours per WEEK did the child's brother or sister UNDER age 15 usually care for him or her?

_____ Hours

>CHC61_HRSB14B<

Of those hours per week that the child's brother or sister UNDER age 15 cared for him or her, how many of them were while you were working or at school?

_____ Hours

>CHC62_WHGRAN2<

Did the child's grandparent or set of grandparents usually care for him or her in the child's home, the grandparent's home, or someplace else?

Mark only one.

- (1) Child's home
 - (2) Grandparent's home
 - (3) Someplace else
-

>CHC63_GRANHRB<

How many hours per week did the child's grandparent or set of grandparents usually care for the child?

_____ Hours

>CHC64_HRGRAN2<

Of those hours per week that the child's grandparent or set of grandparents cared for him or her, how many of them were while you were working or at school?

_____ Hours

>CHC65_PAYGRA2<

When the child was cared for by his or her grandparent(s), did you or your family usually make any money payment for this arrangement?

- (1) Yes
- (2) No

>CHC66_AMTGRA2<

In a typical WEEK last month, how much did you or your family pay the child's grandparent or grandparents to watch him or her?

(Note to FR: If payment covers more than one child in this household, ask respondent to split amount between children.)

\$_____ PER WEEK

>CHC67_WHRELA2<

Did this other relative usually care for the child in the child's home, the relative's home or someplace else?

Mark only one.

- (1) Child's home
- (2) Other relative's home
- (3) Someplace else

>CHC68_RELHRB<

How many hours per WEEK did this other relative usually care for the child?

_____ Hours

>CHC69_RELHR2<

Of those hours per week that the child's other relative cared for him or her, how many of them were while you were working or at school?

_____ Hours

>CHC70_PAYREL2<

When the child was cared for by this other relative, did you or your family usually make any money payment for this arrangement?

- (1) Yes
- (2) No

>CHC71_AMTREL2<

In a typical week last month, how much did you or your family pay the child's other relative to watch him or her?

(Note to FR: If payment covers more than one child in this household, ask respondent to split amount between children.)

\$_____ PER WEEK

>CHC72_HRSFAMB<

(FAMILY DAY CARE)

How many hours per WEEK was the child usually cared for in family day care?

_____ Hours

>CHC73_HRSFAM2<

Of those hours that the child was cared for in family day care, how many of them were while you were working or at school?

_____ Hours

>CHC74_PAYFAM2<

When the child was cared for in family day care, did you or your family usually make any money payment for this arrangement?

- (1) Yes
 - (2) No
-

>CHC75_AMTFAM2<

In a typical WEEK last month, how much did you or your family pay for family day care for the child?

(Note to FR: If payment covers more than one child in this household, ask respondent to split amount between children.)

\$_____ PER WEEK

>CHC76_WHDAYC2<

When the child was cared for in this child care or day care center, was that at your work or school, at a church or religious organization, or someplace else?

Mark only one.

- (1) At work or at school
 - (2) At a church or religious organization
 - (3) Someplace else, including working at the child care or day care center
-

>CHC77_DYHRA2<

How many hours per week was the child cared for in this child care or day care center?

_____ Hours

>CHC78_HRDAYC2<

Of those hours per week that the child was cared for in this child care center, how many of them were while you were working or at school?

_____ Hours

>CHC79_PAYDAY2<

When the child was cared for in this child care or day care center, did you or your family usually make any money payment for this arrangement?

- (1) Yes
 - (2) No
-

>CHC80_AMTDAY2<

In a typical WEEK last month, how much did you or your family pay the child care or day care center to care for the child?

(Note to FR: If payment covers more than one child in this household, ask respondent to split amount between children.)

\$_____ PER WEEK

>CHC81_WHSPOR2<

Did the child usually participate in organized sports at school or someplace else?

Mark only one.

- (1) At school
 - (2) Someplace else
-

>CHC82_WHSPORA<

How many hours per WEEK did the child participate in organized sports?

_____ Hours

>CHC83_HRSPOR2<

Of those hours per week that the child participated in organized sports, how many of them were while you were working or at school?

_____ Hours

>CHC84_PAYSPOR<

Did you or your family usually make any money payment for the child to participate in these organized sports?

- (1) Yes
 - (2) No
-

>CHC85_AMTSP02<

In a typical WEEK last month, how much did you or your family pay for the child to participate in these organized sports?

(Note to FR: If payment covers more than one child in this household, ask respondent to split amount between children.)

\$_____ PER WEEK

>CHC86_WHLESS2<

(LESSONS)

When the child took lessons, did these usually take place at school or someplace else?

Mark only one.

- (1) At school
 - (2) Someplace else
-

>CHC87_HRLESSA<

For about how many hours per week was the child taking lessons?

_____ Hours

>CHC88_HRLESS2<

Of those hours per week that the child was taking lessons, how many of them were while you were working or at school?

_____ Hours

>CHC89_PAYLES2<

Did you or your family usually make any money payment for the child to take these lessons?

- (1) Yes
 - (2) No
-

>CHC90_AMTLES2<

In a typical WEEK last month, how much did you or your family pay for the child to take these lessons?

(Note to FR: If payment covers more than one child in this household, ask respondent to split amount between children.)

\$_____ PER WEEK

>CHC91_WHCLUB2<

When your child participated in this club, were the meetings held at school or someplace else?

Mark only one.

- (1) At school
 - (2) Someplace else
-

>CHC92_WHCLUBA<

How many hours per **WEEK** did the child spend at club meetings?

_____ Hours

>CHC93_HRCLUB2<

Of those hours per week that the child spent at club meetings, how many of them were while you were working or at school?

_____ Hours

>CHC94_PAYCLU2<

Did you or your family usually make any money payment for the child to belong to this club or clubs?

- (1) Yes
 - (2) No
-

>CHC95_AMTCLU2<

In a typical WEEK last month, how much did you or your family pay for the child to belong to this club or clubs?

(Note to FR: If payment covers more than one child in this household, ask respondent to split amount between children.)

\$_____ PER WEEK

>CHC96_WHSCHO2<

When the child went to these before or after school care programs, was that at your work or school, your child's school, or someplace else?

Mark only one.

- (1) At work or school
 - (2) At child's school
 - (3) Someplace else
-

>CHC97_WHSCHOA<

About how many hours per **WEEK** did the child spend at these before or after school care programs?

_____ Hours

>CHC98_HRSCHO2<

Of those hours per week that the child spent at these before or after school care programs, how many of them were while you were working or at school?

_____ Hours

>CHC99_PAYSCH2<

Did you or your family usually make any money payment for the child to attend these before or after school care programs?

- (1) Yes
- (2) No

>CHC100_AMTSCH2<

In a typical WEEK last month, how much did you or your family pay for the child to attend these before or after school care programs?

(Note to FR: If payment covers more than one child in this household, ask respondent to split amount between children.)

\$_____ PER WEEK

>CHC101_WHOTHE2<

(Other Friend or neighbor)

Did this non-relative usually care for the child in the child's home, the non-relative's home, or someplace else?

Mark only one.

- (1) Child's home
- (2) The non-relative's home
- (3) Someplace else

>CHC102_OTHHRB<

How many hours per WEEK did this non-relative usually care for the child?

_____ Hours

>CHC104_HROTHE2<

Of those hours per week that the child was cared for by this non-relative, how many of them were while you were working or at school?

_____ Hours

>CHC105_PAYOTH2<

When the child was cared for by this non-relative, did you or your family usually make any money payment for this arrangement?

- (1) Yes
 - (2) No
-

>CHC106_AMTOTH2<

In a typical **WEEK** last month, how much did you or your family pay this non-relative to care for the child?

(Note to FR: If payment covers more than one child in this household, ask respondent to split amount between children.)

\$ _____ PER WEEK

>CHC107_SCHOOWK<

Did the child usually attend regular kindergarten or grade school or, grades 1-12 last month?

- (1) Yes
 - (2) No
-

>CHC108_HRSCHWK<

About how many hours per **WEEK** was the child usually in school last month?

(Note to FR: Be sure respondent gives weekly hours in school.)

_____ Hours per week

>CHC109_HRSCHOO<

Of those hours per week that the child was at school, how many of them were while you were working or at school?

(Note to FR: Be sure respondent gives weekly hours in school.)

_____ Hours per week

>CHC110_SELFC1<

Sometimes it is difficult to make arrangements to look after children all of the time. During a typical week last month, did the child care for him or herself for even a small amount of time?

(1) Yes

(2) No

>CHC111_KIDSHR1<

About how many hours per week did the child usually care for him or herself?

(Note to FR: Be sure respondent gives weekly hours of care.)

_____ Hours per week

(L) Less than 1 hour

>CHC112_KIDSHR2<

Of those hours per week that the child cared for him or herself, how many of them were while you were working or at school?

(Note to FR: Be sure respondent gives weekly hours of care.)

_____ Hours per week

(L) Less than 1 hour

>CHC113_DAYCHAN<

(EVERY KID COMES THRU HERE)

Thinking now about the arrangements used last **MONTH**, were any changes made in the child care arrangements used for the child at that time, even for less than a day, because his or her usual child care provider was not available?

(Note to FR: Include both unexpected and anticipated losses of child care providers such as school closings and temporary illness of the provider even for part of the day.)

- (1) Yes
- (2) No

>CHC114_PAYHELP<

Did anyone help you pay for all or part of the cost of any child care arrangements for the child? By this I mean a government agency, an employer, a relative, or a friend.

- (1) Yes
- (2) No
- (3) Did not use any arrangements

>CHC115_WHOPAID<

Who or what agency helped pay for this arrangement?

MARK ALL THAT APPLY
ENTER (N) FOR NO MORE

- (1) Government (Federal, state, or local government agency, or welfare office)
- (2) Child's other parent
- (3) Employer
- (4) Other (specify)

>CHC116_SPECIF1<

Specify the exact "OTHER" person or agency that helped pay for this arrangement.

>CHC117_SATIS<

How satisfied are you with your current arrangement(s)?

- (1) Very satisfied
 - (2) Somewhat satisfied
 - (3) Neither satisfied nor dissatisfied
 - (4) Somewhat dissatisfied
 - (5) Very dissatisfied
-

>CHC118_LIST<

Are you currently on a waiting list for a child care arrangement for you?

- (1) Yes
 - (2) No
-

>CHC119<

Are you not able to work/work more hours because of problems in obtaining child care?

- (1) Yes
 - (2) No
-

>CHC120_TIMEAMT<

Considering all of your children, how much time, if any, was lost in total from work or school last month either because of failures in child care arrangements or because you could not find a child care provider?

(Note to FR: Read if necessary: Is that hours, days, weeks, or months?)

ENTER (N) FOR NONE OR NO MORE.

[NOTE TO PROGRAMMER: If (N), D, or R is entered, then do not ask for hours, days, weeks or months. If (N), D, or R is entered here, go to the end of the module.]

_____ Number

- (1) Hours
- (2) Days
- (3) Weeks
- (4) Months

_____ (Hours, days, weeks, or months)

End of Child Care Topical Module

Annual Income and Retirement Accounts Topical Module

SIPP 2001 Panel Wave 4

Annual Income and Retirement Accounts Topical Module

>LEAD_INA<

Now, I have a few questions regarding your annual income and retirement accounts.

>AIRA002_BUS97A<

(List business roster)

Earlier you told me you operated [Read Name of Business] during 2001. Did you own and operate any other businesses during 2001?

- (1) Yes
- (2) No

>AIRA003_BUS97B<

Did you own and operate any business during 2001?

- (1) Yes
- (2) No

>AIRA004_BUSNAM<

What was the name of these businesses?

ENTER (N) AFTER LAST BUSINESS

Business 1: _____
Business 2: _____
Business 3: _____
Business 4: _____
Business 5: _____

>AIRA006_TWOBUS<

Businesses listed in prior interviews

Businesses listed this interview

Which two of the businesses yielded the largest net incomes during 2001?

ENTER (N) IF NO SECOND BUSINESS

ENTER (N) AFTER LAST BUSINESS

Business 1 _____

Business 2 _____

>AIRA007_BS1FRM<

What was the form of this (business/practice) - was it a sole proprietorship, a partnership, or a corporation?

- (1) Sole proprietorship
- (2) Partnership
- (3) Corporation

>AIRA008_BS1LOC<

Was this business primarily located in ... own home or somewhere else?

- (1) Own home
- (2) Somewhere else

>AIRA010_BS1OWN<

Were any other members of this household part owners of this (business/practice)?

- (1) Yes
 - (2) No
-

>AIRA011_BS1WHO<

Which other household members were owners?

_____ Person

_____ Person

Enter line number of person

>AIRA013_BS1HH<

Was this (business/practice) owned entirely by members of this household?

(1) Yes

(2) No

>AIRA014_BS1PCT<

What percentage of this (business/practice) was owned by members of this household?

_____ Percent

>AIRA015_BS1PTO<

What percentage of this (business/practice) did you own in your own name?

_____ Percent

>AIRA016_BS1PCT<

What were the gross receipts of this (business/practice) in 2001?

_____ Dollars

>AIRA017_BS1EXP<

What were the total expenses of this (business/practice) in 2001?

_____ Dollars

>AIRA021_BS1NET<

What was your net income from this (business/practice) in 2001? Please use records if they are available. (Obtain estimate if necessary.)

PROFIT

\$ _____

OR
LOSS

\$ _____

- (N) None
- (R) Refused
- (D) Don't know

>AIRA024_BS1OTH<

Apart from the net income already reported for yourself, did other household owners receive any net income in 2001 from this (business/practice)?

- (1) Yes
- (2) No

>AIRA025_BS1AMT<

What was the amount of net income that was received by first other household owner?

_____ Line Number

PROFIT

\$ _____

OR
LOSS

\$ _____

>AIRA026_BS1INTO<

What was the amount of net income that was received by second other household owner?

Enter (N) for no more persons.

_____ Line Number

PROFIT

\$ _____

OR

LOSS

\$ _____

>AIRA027_BS2FRM<

What was the form of this (business/practice) - was it a sole proprietorship, a partnership, or a corporation?

(1) Sole proprietorship

(2) Partnership

(3) Corporation

>AIRA028_BS2LOC<

Was this business primarily located in your own home or somewhere else?

(1) Own home

(2) Somewhere else

>AIRA030_BS2OWN<

Were any other members of this household part owners of this (business/practice)?

(1) Yes

(2) No

>AIRA031_BS2WHO<

Which other household members were owners?

_____ Person

_____ Person

Enter line number of person

>AIRA032_BS2HH<

Was this (business/practice) owned entirely by members of this household?

(1) Yes

(2) No

>AIRA033_BS2PCT<

What percentage of this (business/practice) was owned by members of this household?

_____ Percent

>AIRA034_BS2PTO<

What percentage of this (business/practice) did you own in your own name?

_____ Percent

>AIRA035_BS2PCT<

What were the gross receipts of this (business/practice) in 2001?

_____ Dollars

>AIRA036_BS2EXP<

What were the total expenses of this (business/practice) in 2001?

_____ Dollars

>AIRA_BS2NET<

What was your net income from this (business/practice) in 2001? Please use records if they are available. (Obtain estimate if necessary.)

PROFIT

\$ _____

OR
LOSS

\$ _____

(N) None

>AIRA040_BS2OTH<

Apart from the net income already reported for yourself, did other household business owners receive any net income in 2001 from this (business/practice)?

- (1) Yes
- (2) No

>AIRA041_BS2AMT<

What was the amount of net income that was received by first other household owner?

_____ Line Number

PROFIT

\$ _____

OR
LOSS

\$ _____

>AIRA042_BS2NTO<

What was the amount of net income that was received by second other household owner?

Enter (N) for no more persons

_____ Line Number

PROFIT

\$_____

OR

LOSS

\$_____

>AIRA052_NETOBS<

What was your net income from your other businesses in 2001?

PROFIT

\$_____

OR

LOST

\$_____

(N) None

(D) Don't know

(R) Refused

>AIRA053_IRA<

Do you have an Individual Retirement Account, that is, an IRA, in your own name?

(1) Yes

(2) No

>AIRA054_IRACON<

Did you make any tax-deductible contributions to IRA accounts which applied to your 2001 tax return?

- (1) Yes
- (2) No

>AIRA055_IRAAMT<

How much were your tax-deductible contributions to IRA accounts which applied to your 2001 tax return?

\$_____ Amount

>AIRA056_IRAWD<

Did you make any withdrawals from your IRA accounts during 2001?

- (1) Yes
- (2) No

>AIRA057_IRAWAT

How much did you withdraw from IRA accounts during 2001?

\$_____ Amount

>AIRA058_IRAERN<

Including all IRA accounts in your own name, how much did your IRA accounts earn during 2001?

\$_____ Amount
(N) None

>AIRA059_IRAAST<

What types of assets did you have in your IRA accounts?

(Mark all that apply.)

(1) Yes (2) No

(1) Certificates of deposit or other savings certificates

(2) Money market funds

(3) U.S. Government securities

(4) Municipal or corporate bonds

(5) U.S. Savings Bonds

(6) Stocks or mutual fund shares

(7) Other assets

>AIRA060_KEO<

Do you have a Keogh account in your own name?

(1) Yes

(2) No

>AIRA061_KEOCON<

Did you make any tax-deductible contributions to a Keogh account which applied to your 2001 tax return?

(1) Yes

(2) No

>AIRA062_KEOAMT<

How much were your tax-deductible contributions to Keogh accounts which applied to your 2001 tax return?

\$_____ Amount

>AIRA063_KEOWD<

Did you make any withdrawals from your Keogh accounts during 2001?

(1) Yes

(2) No

>AIRA064_KEOWAT<

How much did you withdraw from Keogh accounts during 2001?

\$_____ Amount

>AIRA065_KEOERN<

Including all Keogh accounts in your own name, how much did your Keogh accounts earn during 2001?

\$_____ Amount

(N) None

>AIRA066_KEOAST<

What type of assets did you have in your Keogh accounts?

(Mark all that apply.)

- (1) Certificates of deposit or other savings certificates
 - (2) Money market funds
 - (3) U.S. Government securities
 - (4) Municipal or corporate bonds
 - (5) U.S. Savings Bonds
 - (6) Stocks or mutual fund shares
 - (7) Other assets
-

>AIRA068_401<

During 2001, did you participate in an employee thrift plan such as a 401k plan? Such a plan allows employees to defer part of their salary and not have to pay taxes on their deferred salary until they retire or make a withdrawal.

- (1) Yes
 - (2) No
-

>AIRA069_401CON<

How much did you contribute to this plan during 2001?

\$_____ Amount
(N) None

>AIRA070_401WD<

Did you make any withdrawals from your 401k plan during 2001?

(1) Yes
(2) No

>AIRA072_401WAT<

How much did you withdraw from 401k plan accounts during 2001?

\$_____ Amount

>AIRA073_401ERN<

Including all 401k plan accounts in your own name, how much did your 401k plan accounts earn during 2001?

\$_____ Amount
(N) None

>AIRA074_401AST<

What types of assets did you have in your 401k plan accounts?

(Mark all that apply.)

- (1) Yes (2) No
(1) Money market funds
(2) U.S. Government securities
(3) Municipal or corporate bonds
(4) Stocks or mutual fund shares
(5) Other assets
-

End of Annual Income and Retirement Amounts Topical Module

Taxes Topical Module

SIPP 2001 Panel Wave 4
Taxes Topical Module

>TAXLEADIN<

Now I would like to ask you a few questions about your 2001 Income Taxes.

>TAX002_FILE<

Did you file a Federal income tax return for 2001?

- (1) Yes
- (2) No

>TAX003_COPY<

Do you have a copy of your tax form or a worksheet that you could refer to for the next few questions?

- (1) Yes
- (2) No

>TAX004_STATUS<

What was your filing status on your 2001 Federal tax return?

(Lines 1 - 5 on Forms 1040 or 1040A)

- (1) Single taxpayer
- (2) Married, filing joint return
- (3) Married, filing separately
- (4) Head of household
- (5) Qualifying widow(er) with dependent child

>TAX005_EXEMP<

What were the total number of exemptions claimed on your return?

(Line 6d on Forms 1040 or 1040A)

_____ Enter number of exemptions

>TAX007_EXEMHH<

Besides yourself, which persons in this household did you claim as an exemption?

_____ Person
_____ Person
_____ Person
_____ Person
_____ Person

Enter line number of person covered. Enter "A" for all persons covered.
Enter (N) for none/no more

>TAX008_EXMOUT<

Did you claim exemptions for any persons who lived outside of your home for the entire year?

- (1) Yes
- (2) No

>TAX008B_EXEMNO<

How many persons who lived outside of the household did ... claim exemptions for the entire year?

ENTER NUMBER OF PERSONS OUTSIDE OF THE HOUSEHOLD: _____

>TAX009_RELATE<

What was the relationship of [fill this person/these persons] to you?
"N" for none/no more.

- (1) Parent
- (2) Child
- (3) Brother/sister
- (4) Other

>TAX011_FORM<

Did you file form 1040, the long form, or did you file one of the short forms, 1040A or 1040EZ?

- (1) Form 1040
 - (2) Form 1040A
 - (3) Form 1040EZ
-

>TAX012_SCHEDA<

Did you file a Schedule A, Itemized Deduction, with your 2001 tax return?

- (1) Yes
 - (2) No
-

>TAX013_SCHEDD<

Did you file Schedule D, Capital Gains and Losses, with your 2001 tax return?

- (1) Yes
 - (2) No
-

>TAX017_ITEMIZ<

How much were you and your spouse's itemized deductions for 2001?
(Line 36 of Form 1040)

_____ Amount

>TAX018_DEPEND<

Did you claim a child and dependent care expense credit in 2001?
(Line 44 on Form 1040; line 27 on Form 1040A)

- (1) Yes
 - (2) No
-

>TAX019_DEPAMT<

What was that amount?

_____ Amount

>TAX019B_DEPWHO<

For which persons did you claim this exemption?

ENTER LINE NUMBER OF PERSON COVERED. ENTER "A" FOR ALL PERSONS
AND "N" FOR NONE/NO MORE.

>TAX020_CREDIT<

Did you claim a credit for the elderly or the disabled in 2001?
(Line 45 on Form 1040; line 28 on Form 1040A)

- (1) Yes
 - (2) No
-

>TAX021_CRDAMT<

What was that amount?

_____ Amount

>TAX023_GAINS<

(ENTER LOSS AS A NEGATIVE AMOUNT)

How much were you and your spouse's capital gains or losses from the sale or exchange
of personal assets for 2001?
(Line 13 on Form 1040)

(N) None
\$ _____

>TAX024_AGI<

(ENTER LOSS AS A NEGATIVE AMOUNT)

FR NOTE: Line 33 on FORM 1040, Line 19 on FORM 1040A, Line 4 on FORM 1040EZ

What was you and your spouse's adjusted gross income in 2001?

(N) None

\$ _____

>TAX025_TXLIAB<

What was you and your spouse's net tax liability in 2001?
(Line 58 on Form 1040; line 36 on Form 1040A; line 11 Form 1040EZ.)
_____ Amount

>TAX027_EARN<

Did you claim an earned income credit on your Federal income tax return?

(1) Yes

(2) No

>TAX028_ERNAMT<

What was the amount of earned income credit claimed?
(Line 61a on Form 1040; line 39a on Form 1040A; line 9a on Form 1040EZ.)
_____ Amount

>TAX028B_ERNWHO<

For which persons did you claim this exemption?

ENTER LINE NUMBER OF PERSON COVERED. ENTER "A" FOR ALL PERSONS COVERED AND "N" FOR NONE/NO MORE.

>TAX032_PROPTX<

Did you pay any property taxes on any residence(s) in 2001?

- (1) Yes
- (2) No

>TAX033_PROPAY<

Did you pay these jointly with someone else living here?

- (1) Yes
- (2) No

>TAX034_PROWHO<

Who made these joint payments with you?

Enter line number of person who made joint payments. Enter "A" for all persons covered and "N" for none/no more.

_____ Person
_____ Person

>TAX035_PROAMT<

What was the property tax bill for your residence(s) in 2001?
(Line 6 of Schedule A, property tax bills; or other documents such as escrow summaries from the mortgage company)
_____ Amount

End of Taxes Topical Module