

APPENDIX A

Wave 4 Questionnaire

1996 Panel - Wave 4 Topical Modules

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WORK SCHEDULE TOPICAL MODULE

-WSINTRO-

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

PRESS "ENTER" TO CONTINUE

-WSEMPCT-

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

FR NOTE: Count self-employed as one employer.

- (1) 1
 - (2) 2
 - (3) 3+
-

-WSNAM1-

[Employer name or Business name]

The following questions refer to your work schedule with your [Employer or Business] during a typical work week last month.

PRESS "ENTER" TO CONTINUE

-WSHRS1-

[Employer name or Business name]

How many hours per day did you work that week for [Employer name or Business name]?

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

_____ Hours

-WSDYS1-

[Employer name or Business name]

How many days did you work during that week?

_____ Days

-WSWHDY1-

[Employer name or Business name]

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

-WSVER1-

[Employer name or Business name]

(NOTE TO INTERVIEWER - DO NOT READ)

The number of days of the week listed as work days - Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday appears to be inconsistent with the previously reported total number of days worked during the week - [reported # of days worked].

Probe to correct the days of the week worked and/or total number of days worked.

If there is no inconsistency, enter "P" to proceed.

If there is an inconsistency, back up (F1) to correct the appropriate answer(s).

-WSBEG1-

[Employer name or Business name]

During that week, at what time of day did you begin work most days for [Employer name or Business name]?

_____ : _____ _____

(1) A.M.

(2) P.M.

(3) Noon

(4) Midnight

-WSEND1-

[Employer name or Business name]

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

_____ : _____ _____

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

-WSHMWK1-

As part of the work schedule for that week, were there any days when you worked only at home for your [Employer name or Business name]?

(1) Yes
(2) No

-WSHOM1-

[Employer name or Business name]

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

-WSJOB1-

[Employer name or Business name]

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)

-WSOTH1-

[Employer name or Business name]

ENTER THE SPECIFIC "OTHER" SITUATION

-WSMNR1-

[Employer name or Business name]

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

-WSNAM2-

[Employer name or Business name]

The following questions refer to your work schedule with your [Employer or Business] during a typical work week last month.

PRESS "ENTER" TO CONTINUE

-WSHRS2-

[Employer name or Business name]

How many hours per day did you work that week for [Employer name or Business name]?

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

_____ Hours

-WSDYS2-

[Employer name or Business name]

How many days did you work during that week?

_____ Days

-WSWHDY2-

[Employer name or Business name]

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

-WSVER2-

[Employer name or Business name]

(NOTE TO INTERVIEWER - DO NOT READ)

The number of days of the week listed as work days - Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday appears to be inconsistent with the previously reported total number of days worked during the week - [reported # of days worked].

Probe to correct the days of the week worked and/or total number of days worked.

If there is no inconsistency, enter "P" to proceed.

If there is an inconsistency, back up (F1) to correct the appropriate answer(s).

-WSBEG2-

[Employer name or Business name]

During that week, at what time of day did you begin work most days for [Employer name or Business name]?

____ : ____ ____

(1) A.M.

(2) P.M.

(3) Noon

(4) Midnight

-WSEND2-

[Employer name or Business name]

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

_____ : _____ _____

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

-WSHMWK2-

As part of the work schedule for that week, were there any days when you worked only at home for your [Employer name or Business name]?

(1) Yes
(2) No

-WSHOM2-

[Employer name or Business name]

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

-WSJOB2-

[Employer name or Business name]

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)

-WSOTH2-

[Employer name or Business name]

ENTER THE SPECIFIC "OTHER" SITUATION

[Employer name or Business name]

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 the Work Schedule Topical Module

DISABILITY TOPICAL MODULE

DISLEADIN-

These next questions concern common daily activities such as seeing, hearing, walking, climbing stairs, driving a car, or going out to shop for groceries.

PRESS "ENTER" TO CONTINUE

-DISABT2-

Do you have a LONG-TERM physical or mental condition that makes it difficult to perform any of these kinds of activities?

- (1) Yes
- (2) Yes-condition sometimes makes activities difficult
- (3) No

FR NOTE: By "LONG-TERM" we mean any condition expected to last at least 6 months. Mark the second category if respondent volunteers that the condition "sometimes" affects activities.

-DISABT3-

Does your condition SUBSTANTIALLY LIMIT your ability to perform any common daily activities; again, I am talking about seeing, hearing, walking, climbing stairs, driving, shopping, or other everyday activities?

- (1) Yes
- (2) Yes-condition sometimes makes activities difficult
- (3) No

FR NOTE: By "SUBSTANTIALLY LIMIT" we mean the person has great difficulty performing the activity, needs someone's help to perform the activity, or is unable to perform the activity.

End of the Disability Items Topical Module

TAXES TOPICAL MODULE

-TAXLEADIN-

Now I would like to ask you a few questions about your 1996 Income Taxes.

PRESS "ENTER" TO CONTINUE

-TAX002-

Did you file a Federal income tax return for 1996?

- (1) Yes
- (2) No

-TAX003-

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-

What was your filing status on your 1996 Federal tax return?

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

-TAX005-

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

Enter number of exemptions: _____

-TAX007-

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

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

-TAX008-

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

(1) Yes

(2) No

-TAX008B-

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

Enter number of persons exemptions outside of the household: _____

-TAX009-

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

(1) Parent

(2) Child

(3) Brother/Sister

(4) Other

-TAX011-

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-

Did you file a Schedule A, Itemized Deduction, with your 1996 tax return?

- (1) Yes
- (2) No

-TAX013-

Did you file Schedule D, Capital Gains and Losses, with your 1996 tax return?

- (1) Yes
- (2) No

-TAX017-

How much were your (and your spouse's) itemized deductions for 1996? (Line 28 of Schedule A)
How much were your itemized deductions for 1996?

Amount: \$ _____

-TAX018-

Did you claim a child and dependent care expense credit in 1996? (Line 39 on Form 1040)

- (1) Yes
- (2) No

-TAX019-

What was that amount?

Amount:\$ _____

-TAX020-

Did you claim a credit for the elderly or the disabled in 1996? (line 40 on Form 1040)

- (1) Yes
- (2) No

-TAX021-

What was that amount?

Amount:\$ _____

-TAX023-

(ENTER LOSS AS A NEGATIVE AMOUNT)

How much were your (and your spouse's) capital gains or losses from the sale or exchange of personal assets for 1996? (Line 13 on Form 1040)

OR

How much were your capital gains or losses from the sale or exchange of personal assets for 1996? (Line 13 on Form 1040)

(N) none

\$ _____

-TAX024-

(ENTER LOSS AS A NEGATIVE AMOUNT)

FR NOTE: (LINE 31 ON FORM 1040, LINE 16 ON FORM 1040A, LINE 4 ON FORM 1040EZ)

What was your (and your spouse's) adjusted gross income in 1996?

OR

What was your adjusted gross income in 1996?

(N) none

\$ _____

TAX025-

FR NOTE: (LINE 31 ON FORM 1040, LINE 28 ON FORM 1040A, LINE 10 ON FORM 1040EZ)

What was your (and your spouse's) net tax liability in 1996?

OR

What was your net tax liability in 1996?

(N) none

Amount: \$ _____

-TAX027-

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

(1) Yes

(2) No

-TAX028-

What was the amount of earned income credit claimed?

Amount: \$ _____

-TAX032-

Did you pay any property taxes on your residence(s) in 1996?

(1) Yes

(2) No

-TAX033-

Did you pay these jointly with someone else living here?

(1) Yes

(2) No

-TAX034-

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.

-TAX035-

What was the property tax bill for your residence(s) in 1996?

Amount: \$ _____

End of the Taxes Topical Module

CHILD CARE TOPICAL MODULE

-LEAD_IN-

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.

PRESS ENTER TO CONTINUE

-HRWKSCH-

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

_____ Hours per week

or

(V) Hours varied

(N) Not enrolled

-HRWKJOB-

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

_____ Hours per week

or

(V) Hours varied

(N) Did not look for a job last month

-INTROA-

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

PRESS ENTER TO CONTINUE.

-CAREKD1-

During a typical week last month, please tell me if you used any of the following arrangements to look after (child's name) 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

- 1 Child's other parent or stepparent?
- 2 Did you care for (child's name) while you were working or at school?
- 3 Brother or sister age 15 or older?
- 4 Brother or sister under age 15?
- 5 Grandparent?
- 6 Any other relative?
- 7 Family day care provider caring for 2 or more children outside of your home?
- 8 A child care or day care center?
- 9 A nursery or preschool?
- 10 A federally supported Headstart program?
- 11 A non-relative such as a friend, neighbor, sitter, nanny, or aupair?

-CAREKD1A-

During a typical week last month, please tell me if you used any of the following arrangements to look after (child's name) 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

- 3 Brother or sister age 15 or older?
- 4 Brother or sister under age 15?
- 5 Grandparent?
- 6 Any other relative?
- 7 Family day care provider caring for 2 or more children outside of your home?
- 8 A child care or day care center?
- 9 A nursery or preschool?
- 10 A federally supported Headstart program?
- 11 A non-relative such as a friend, neighbor, sitter, nanny, or aupair?

-WHEPAR1-

Did (child's name)'s other parent/stepparent care for him/her in (child's name)'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

-PARHRSA-

How many hours per week did (child's name)'s other parent or stepparent usually care for him/her?

_____ Hours

-PARHRS1-

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

_____ Hours

-WHSELF1-

In which of the following places did you care for (child's name), 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

-SELFHR1-

How many hours per WEEK did you care for (child's name) on a regular basis while you were working or at school?

_____ Hours

-WHSB15A-

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

Mark only one.

PROBE: Where was (child's name) cared for most of the time?

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

-WHSBHRA-

How many hours per WEEK did (child's name)'s brother or sister age 15 or over usually care for him/her?

_____ Hours

-HRSB15A-

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

_____ Hours

-WHSB14A-

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

Mark only one.

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

-WHSB14HR-

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

_____ Hours

-HRSB14A-

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

_____ Hours

-WHGRAN1-

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

Mark only one.

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

-GRANHRA-

How many hours per WEEK did (child's name)'s grandparent or set of grandparents usually care for (child's name)?

_____ Hours

-HRGRAN1-

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

_____ Hours

-PAYGRA1-

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

- (1) Yes
- (2) No

-AMTGRA1-

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

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

\$_____ PER WEEK

-WHRELA1-

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

Mark only one.

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

-RELAHRA-

How many hours per WEEK did this other relative usually care for (child's name)?

_____ Hours

-RELAHR1-

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

_____ Hours

-PAYREL1-

When (child's name) was cared for by this other relative, did you or your family usually make any money payment for this arrangement?

- (1) Yes
- (2) No

-AMTREL1-

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

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

\$_____ PER WEEK

-HRSFAMA-

How many hours per WEEK was (child's name) usually cared for in family day care?

_____ Hours

-HRSFAM1-

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

_____ Hours

-PAYFAM1-

When (child's name) was cared for in family day care, did you or your family usually make any money payment for this arrangement?

- (1) Yes
- (2) No

-AMTFAM1-

In a typical WEEK last month, how much did you or your family pay for family day care for (child's name)?

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

\$_____ PER WEEK

-WHDAYC1-

When (child's name) was cared for in this child care or day care center, was that at your work or school, or someplace else?

Mark only one.

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

-DAYHRSA1-

How many hours per WEEK was (child's name) cared for in this child care or day care center?

_____ Hours

-HRDAYC1-

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

_____ Hours

-PAYDAY1-

When (child's name) 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

-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 (child's name)?

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

\$_____ PER WEEK

-WHNURS1-

When (child's name) attended nursery or preschool, was this at your work or school or someplace else?

Mark only one.

- (1) At work or at school
- (2) Someplace else, including working at nursery or preschool

-NURHRSA-

How many hours per WEEK does (child's name) attend nursery or preschool?

_____ Hours

-HRNURS1-

Of those hours per week that (child's name) attended nursery or preschool, how many of them were while you were working or at school?

_____ Hours

-PAYNUR1-

When (child's name) attended this nursery or preschool, did you or your family usually make any money payment for this arrangement?

- (1) Yes
- (2) No

-AMTNUR1-

In a typical week last month, how much did you or your family pay for (child's name) 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

-HEADHRA-

How many hours per WEEK does (child's name) usually attend Head Start?

_____ Hours

-HRSTAR1-

Of those hours per week that (child's name) attended Head Start, how many of them were while you were working or at school?

_____ Hours

-PAYSTA1-

When (child's name) attended Head Start, did you or your family usually make any money payment for this arrangement?

- (1) Yes
- (2) No

-AMTSTA1-

In a typical week last month, how much did you or your family pay for (child's name) 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

-WHOTHE1-

Did this non-relative usually care for (child's name) in (child's name)'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

-OTHERHRA-

How many hours per WEEK did this non-relative usually care for (child's name)?

_____ Hours

-HROTHER1-

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

_____ Hours

-PAYOTH1-

When (child's name) was cared for by this non-relative, did you or your family usually make any money payment for this arrangement?

- (1) Yes
- (2) No

-AMTOTH1-

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

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

\$_____ PER WEEK

-CAREKD2-

During a typical week last month, please tell me if you used any of the following arrangements to look after (child's name) 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
- 1 Child's other parent or stepparent?
 - 2 Did you care for (child's name) while you were working or at school?
 - 3 Brother or sister age 15 or older?
 - 4 Brother or sister under age 15?
 - 5 Grandparent?
 - 6 Any other relative?
 - 7 Family day care provider caring for 2 or more children outside of your home?
 - 8 A child care or day care center?
 - 9 Organized sports, including practices
 - 10 Lessons (music, art, dance, language, computer)?
 - 11 Clubs (boys/girls clubs, scouts, and other organizations)?
 - 12 Before or after school care programs?
 - 13 A non-relative such as a friend, neighbor, sitter, nanny, or aupair?

-CAREKD2A-

During a typical week last month, please tell me if you used any of the following arrangements to look after (child's name) 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
- 3 Brother or sister age 15 or older?
 - 4 Brother or sister under age 15?
 - 5 Grandparent?
 - 6 Any other relative?
 - 7 Family day care provider caring for 2 or more children outside of your home?
 - 8 A child care or day care center?
 - 9 Organized sports, including practices?
 - 10 Lessons (music, art, dance, language, computer)?
 - 11 Clubs (boys/girls clubs, scouts, and other organizations)?
 - 12 Before or after school care programs?
 - 13 A non-relative such as a friend, neighbor, sitter, nanny, or aupair?

-WHEPAR2-

Did (child's name)'s other parent/stepparent care for him/her in (child's name)'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

-PARHRS2A-

How many hours per WEEK did (child's name)'s other parent or stepparent usually care for him/her?

_____ Hours

-PARHRS2-

Of those [fill PARHRS2A] hours per week that (child's name)'s other parent/stepparent cared for him/her, how many of them were while you were working or at school?

_____ Hours

-WHSELF2-

In which of the following places did you care for (child's name), 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

-SELFHR2-

How many hours per WEEK did you care for (child's name) on a regular basis while you were working or at school?

_____ Hours

-WHSB15B-

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

Mark only one.

PROBE: Where was (child's name) cared for most of the time?

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

-WHSBHRB-

How many hours per WEEK did (child's name)'s brother or sister age 15 or over usually care for him/her?

_____ Hours

-HRSB15B-

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

_____ Hours

-WHSB14B-

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

Mark only one.

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

-WHSB14HB-

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

_____ Hours

-HRSB14B-

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

_____ Hours

-WHGRAN2-

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

Mark only one.

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

-GRANHRB-

How many hours per WEEK did (child's name)'s grandparent or set of grandparents usually care for (child's name)?

_____ Hours

-HRGRAN2-

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

_____ Hours

-PAYGRA2-

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

- (1) Yes
- (2) No

-AMTGRA2-

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

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

\$_____ PER WEEK

-WHRELA2-

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

Mark only one.

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

-RELHRB-

How many hours per WEEK did this other relative usually care for (child's name)?

_____ Hours

-RELAHR2-

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

_____ Hours

-PAYREL2-

When (child's name) was cared for by this other relative, did you or your family usually make any money payment for this arrangement?

- (1) Yes
- (2) No

-AMTREL2-

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

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

\$_____ PER WEEK

-HRSFAMB-

How many hours per WEEK was (child's name) usually cared for in family day care?

_____ Hours

-HRSFAM2-

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

_____ Hours

-PAYFAM2-

When (child's name) was cared for in family day care, did you or your family usually make any money payment for this arrangement?

- (1) Yes
- (2) No

-AMTFAM2-

In a typical WEEK last month, how much did you or your family pay for family day care for (child's name)?

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

\$_____ PER WEEK

-WHDAYC2-

When (child's name) was cared for in this child care or day care center, was that at your work or school, or someplace else?

Mark only one.

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

-DAYHRSA2-

How many hours per week was (child's name) cared for in this child care or day care center?

_____ Hours

-HRDAYC2-

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

_____ Hours

-PAYDAY2-

When (child's name) 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

-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 (child's name)?

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

\$_____ PER WEEK

-WHSPOR2-

Did (child's name) usually participate in organized sports at school or someplace else?

Mark only one.

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

-WHSPORA-

How many hours per WEEK did (child's name) participate in organized sports?

_____ Hours

-HRSPOR2-

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

_____ Hours

-PAYSPOR-

Did you or your family usually make any money payment for (child's name) to participate in these organized sports?

- (1) Yes
- (2) No

-AMTSPO2-

In a typical WEEK last month, how much did you or your family pay for (child's name) 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

-WHLESS2-

When (child's name) took lessons, did these usually take place at school or someplace else?

Mark only one.

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

-HRLESSA-

For about how many hours per week was (child's name) taking lessons?

_____ Hours

-HRLESS2-

Of those hours per week that (child's name) was taking lessons, how many of them were while you were working or at school?

_____ Hours

-PAYLES2-

Did you or your family usually make any money payment for (child's name) to take these lessons?

- (1) Yes
- (2) No

-AMTLES2-

In a typical WEEK last month, how much did you or your family pay for (child's name) 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

-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

-WHCLUBA-

How many hours per WEEK did (child's name) spend at club meetings?

_____ Hours

-HRCLUB2-

Of those hours per week that (child's name) spent at club meetings, how many of them were while you were working or at school?

_____ Hours

-PAYCLU2-

Did you or your family usually make any money payment for (child's name) to belong to this club or clubs?

- (1) Yes
- (2) No

-AMTCLU2-

In a typical WEEK last month, how much did you or your family pay for (child's name) 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

-WHSCHO2-

When (child's name) 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

-WHSCHOA-

About how many hours per WEEK did (child's name) spend at these before or after school care programs?

_____ Hours

-HRSCHO2-

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

_____ Hours

-PAYSCH2-

Did you or your family usually make any money payment for (child's name) to attend these before or after school care programs?

- (1) Yes
- (2) No

-AMTSCH2-

In a typical WEEK last month, how much did you or your family pay for (child's name) 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

-WHOTHE2-

Did this non-relative usually care for (child's name) in (child's name)'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

-OTHERHRB-

How many hours per WEEK did this non-relative usually care for (child's name)?

_____ Hours

-HROTHE2-

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

_____ Hours

-PAYOTH2-

When (child's name) was cared for by this non-relative, did you or your family usually make any money payment for this arrangement?

- (1) Yes
- (2) No

-AMTOTH2-

In a typical WEEK last month, how much did you or your family pay this non-relative to care for (child's name)?

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

\$_____ PER WEEK

-SCHOOWK-

Did (child's name) usually attend kindergarten or grade school or, grades 1-12 last month?

- (1) Yes
- (2) No

-HRSCHWK-

About how many hours per WEEK was (child's name) usually in school last month?

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

_____ Hours per week

-HRSCHOO-

Of those hours per week that (child's name) 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

-SELFCA1-

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

- (1) Yes
- (2) No

-KIDSHR1-

About how many hours per week did (child's name) usually care for him/herself

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

_____ Hours per week

(L) Less than one hour

-KIDSHR2-

Of those hours per week that (child's name) cared for him/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 one hour

-DAYCHAN-

Thinking now about the arrangements used last MONTH, were any changes made in the child care arrangements used for (child's name) at that time, even for less than a day, because his/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

(PROBE TO CORRECT THE INCONSISTENT HOURS.) According to the hours you reported, (child's name) was being watched for total hours in a typical week last month while you were working or at school. However, you were working or at school for hours. Is this correct?

(ENTER "N" FOR NONE/NO MORE CORRECTIONS.)

(PROGRAMMER: ALLOW A SPACE TO CORRECT HOURS IF NECESSARY.)

Reported	Corrected
Hours Per	Hours Per
Week	Week

- (1) Child's other parent or stepparent
- (2) Did you care for (child's name) while you were working or at school
- (3) Brother or sister age 15 or older
- (4) Brother or sister under age 15
- (5) Grandparent
- (6) Any other relative
- (7) Family day care provider caring for 2 or more children outside of your home
- (8) A child care or day care center
- (9) A nursery or preschool
- (10) A federally supported Headstart program
- (11) Any other friend, neighbor, sitter, nanny, or au pair
- (12) Hours per week (child's name) was usually in school during the time you were working or at school?
- 13) Hours per week (child's name) usually cared for him/her when you were working or at school

-VERHRS2-

(PROBE TO CORRECT THE INCONSISTENT HOURS.) According to the hours you reported, (child's name) was being watched for total hours in a typical week last month while you were working or at school. However, you were working or at school for hours. Is this correct?

(ENTER "N" FOR NONE/NO MORE CORRECTIONS.)

(PROGRAMMER: ALLOW A SPACE TO CORRECT HOURS IF NECESSARY.

Reported Hours Per Week	Corrected Hours Per Week
-------------------------------	--------------------------------

- (1) Child's other parent or stepparent
- (2) Did you care for (child's name) while you were working or at school
- (3) Brother or sister age 15 or older
- (4) Brother or sister under age 15
- (5) Grandparent
- (6) Any other relative
- (7) Family day care provider caring for 2 or more children outside of your home
- (8) A child care or day care center
- (9) Organized sports, including practices
- (10) Lessons (music, art, dance, language, computer)
- (11) Clubs (boys/girls clubs, scouts, and other organizations)
- (12) Before or after school care programs
- (13) Any other friend, neighbor, sitter, nanny, or au pair
- (14) Hours per week (child's name) was usually in school during the time you were working or at school
- (15) Hours per week (child's name) usually cared for him/her when you were working or at school

-PAYHELP-

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

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

-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)

-SPECIF1-

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

-ARRANGE-

During the PAST 12 MONTHS, how many other arrangements, if any, did you use for (child's name) which lasted for 1 or more weeks? Exclude any arrangements already mentioned.

____ Number
(N) None

-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.

____ Number

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

End of the Child Care Topical Module

ANNUAL INCOME AND RETIREMENT ACCOUNTS TOPICAL MODULE

-LEAD_INA-

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

-AIRA002-

Earlier you told me you operated (Read all business names during 1996). Did you own and operate any other businesses during 1996?

- (1) Yes
- (2) No

-AIRA003-

Did you own and operate any businesses during 1996?

- (1) Yes
- (2) No

-AIRA004-

What was the name of these businesses?

ENTER (N) AFTER LAST BUSINESS

- 1
- 2
- 3
- 4
- 5

-AIRADB-

Businesses listed for 96

BUSINESS NAME = [Business names]

Businesses not listed for 96

[List of business names]

-AIRA006-

Businesses listed for 96

BUSINESS NAME = [Business names]

Businesses not listed for 96

[List of business names]

Which two of the businesses yielded the largest net incomes during 1996?

ENTER (N) IF NO SECOND BUSINESS

ENTER (N) AFTER LAST BUSINESS

Business 1

Business 2

-AIRA007-

BUSINESS1 = [Business name]

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-

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

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

-AIRA010-

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

- (1) Yes
- (2) No

-AIRA011-

Which other household members were owners?

- 1 Person
- 2 Person

Enter line number of person

-AIRA013-

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

- (1) Yes
- (2) No

-AIRA014-

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

_____ Percent

-AIRA015-

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

_____ Percent

-AIRA016-

What were the gross receipts of this (business/practice) in 1996?

_____ Dollars

-AIRA017-

What were the total expenses of this (business/practice) in 1996?

_____ Dollars

-AIRA021-

What was your net income from this (business/practice) in 1996? Please use records if they are available. (Obtain estimate if necessary.)

_____ Profit

OR

_____ Loss

(N) None

-AIRA024-

Apart from the net income already reported for you, did other household owners receive any net income in 1996 from this (business/practice)?

(1) Yes

(2) No

-AIRA025-

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

_____ Person Number

_____ Profit

OR

_____ Loss

(N) None/No other household member

-AIRA026-

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

Enter (N) for no more persons

_____ Person Number

_____ Profit

OR

_____ Loss

(N) None

-AIRA027-

BUSINESS2 = [Business name]

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-

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

(1) Own home

(2) Somewhere else

-AIRA030-

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

(1) Yes

(2) No

-AIRA031-

Which other household members were owners?

1 Person

2 Person

Enter line number of person

-AIRA032-

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

(1) Yes

(2) No

-AIRA033-

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

_____ Percent

-AIRA034-

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

_____ Percent

-AIRA035-

What were the gross receipts of this (business/practice) in 1996?

_____ Dollars

-AIRA036-

What were the total expenses of this (business/practice) in 1996?

_____ Dollars

-AIRA038-

What was your net income from this (business/practice) in 1996? Please use records if they are available. (Obtain estimate if necessary.)

_____ Profit

OR

_____ Loss

(N) None

-AIRA040-

Apart from the net income already reported for you, did other household owners receive any net income in 1996 from this (business/practice)?

(1) Yes

(2) No

-AIRA041-

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

_____ Person Number

_____ Profit

OR

_____ Loss

(N) None

-AIRA042-

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

Enter (N) for no more persons

_____ Person Number

_____ Profit

OR

_____ Loss

(N) None

-AIRA052-

What was your net income from your other businesses in 1996?

_____ Profit

OR

_____ Loss

(N) None

-AIRA053-

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

(1) Yes

(2) No

-AIRA054-

Did you make any tax-deductible contributions to IRA accounts which applied to your 1996 tax return?

(1) Yes

(2) No

-AIRA055-

How much were your tax-deductible contributions to IRA accounts which applied to your 1996 tax return?

_____ Amount

-AIRA056-

Did you make any withdrawals from your IRA accounts during 1996?

(1) Yes

(2) No

-AIRA057-

How much did you withdraw from IRA accounts during 1996?

_____ Amount

-AIRA058-

Including all IRA accounts in your own name, how much did your IRA accounts earn during 1996?

_____ Amount
(N) None

-AIRA059-

What types of assets did you have in your IRA accounts?
(Mark all that apply.)

(1) Yes (2) No (D) Don't know

- 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-

Do you have a Keogh account in your own name?

(1) Yes
(2) No

-AIRA061-

Did you make any tax-deductible contributions to a Keogh account which applied to your 1996 tax return?

(1) Yes
(2) No

-AIRA062-

How much were your tax-deductible contributions to Keogh accounts which applied to your 1996 tax return?

_____ Amount

-AIRA063-

Did you make any withdrawals from your Keogh accounts during 1996?

(1) Yes

(2) No

-AIRA064-

How much did you withdraw from Keogh accounts during 1996?

_____ Amount

-AIRA065-

Including all Keogh accounts in your own name, how much did your Keogh accounts earn during 1996?

_____ Amount

(N) None

-AIRA066-

What type of assets did you have in your Keogh 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

-AIRA068-

During 1996, 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-

How much did you contribute to this plan during 1996?

_____ Amount
(N) None

-AIRA070-

Did you make any withdrawals from your 401k plan during 1996?

- (1) Yes
- (2) No

-AIRA072-

How much did you withdraw from 401k plan accounts during 1996?

_____ Amount

-AIRA073-

Including all 401k plan accounts in your own name, how much did your 401k plan accounts earn during 1996?

_____ Amount
(N) None

-AIRA074-

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

-ARRECUSE-

**** DO NOT READ TO RESPONDENT ****

Did respondent use any records when reporting the amount of annual income received, or income received from retirement accounts?

(1) Yes
(2) No

End of Annual Income and Retirement Accounts Topical Module