

APPENDIX A

Wave 7 Questionnaire

1996 Panel - Wave 7 Topical Modules

ANNUAL INCOME AND RETIREMENT ACCOUNTS 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 1997). Did you own and operate any other businesses during 1997?

- (1) Yes
- (2) No

-AIRA003-

Did you own and operate any businesses during 1997?

- (1) Yes
- (2) No

-AIRA004-

What was the name of these businesses?

ENTER (N) AFTER LAST BUSINESS

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

-AIRADB-

Businesses listed in prior interviews

BUSINESS NAME = [Name of Business]

Businesses listed this interview

-AIRA006-

Businesses listed in prior interviews

BUSINESS NAME = [Name of Business]

Businesses listed this interview

Which two of the businesses yielded the largest net incomes during 1997?

ENTER (N) IF NO SECOND BUSINESS

ENTER (N) AFTER LAST BUSINESS

Business 1 _____

Business 2 _____

-AIRA007-

BUSINESS1 = [Name of Business]

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 1997?

_____ Dollars

-AIRA017-

What were the total expenses of this (business/practice) in 1997?

_____ Dollars

-AIRA021-

What was your net income from this (business/practice) in 1997? 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 1997 from this (business/practice)?

(1) Yes

(2) No

-AIRA025-

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

_____ Line 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 = [Name of Business]

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

(D) Don't know

-AIRA035-

What were the gross receipts of this (business/practice) in 1997?

_____ Dollars

-AIRA036-

What were the total expenses of this (business/practice) in 1997?

_____ Dollars

-AIRA038-

What was your net income from this (business/practice) in 1997? 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 1997 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 1997?

_____ Profit

OR

_____ Loss

(N) None

-AIRA053-

Do you have an Individual Retirement Account, that is, 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 1997 tax return?

(1) Yes

(2) No

-AIRA055-

How much were your tax-deductible contributions to IRA accounts which applied to your 1997 tax return?

_____ Amount

-AIRA056-

Did you make any withdrawals from your IRA accounts during 1997?

(1) Yes

(2) No

-AIRA057-

How much did you withdraw from IRA accounts during 1997?

_____ Amount

-AIRA058-

Including all IRA accounts in your own name, how much did your IRA accounts earn during 1997?

_____ Amount
(N) None

-AIRA059-

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-

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 1997 tax return?

(1) Yes
(2) No

-AIRA062-

How much were your tax-deductible contributions to Keogh accounts which applied to your 1997 tax return?

_____ Amount

-AIRA063-

Did you make any withdrawals from your Keogh accounts during 1997?

- (1) Yes
- (2) No

-AIRA064-

How much did you withdraw from Keogh accounts during 1997?

_____ Amount

-AIRA065-

Including all Keogh accounts in your own name, how much did your Keogh accounts earn during 1997?

_____ 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 1997, 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 1997?

_____ Amount
(N) None

-AIRA070-

Did you make any withdrawals from your 401k plan during 1997?

(1) Yes
(2) No

-AIRA072-

How much did you withdraw from 401k plan accounts during 1997?

_____ Amount

-AIRA073-

Including all 401k plan accounts in your own name, how much did your 401k plan accounts earn during 1997?

_____ 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

HOME HEALTH CARE TOPICAL MODULE

-HH01A-

There are situations in which people provide regular unpaid care or assistance to a family member or friend who has a long-term illness or a disability.

During the past month, did you provide any such care or assistance to a family member or friend living here or living elsewhere?

INCLUDE ONLY UNPAID CARE ACTIVITIES. INCLUDE ONLY THOSE CARE ACTIVITIES MADE NECESSARY BY THE ILLNESS OR DISABILITY OF THE RECIPIENT.

- (1) Yes
- (2) No

-HH02-

Did you provide such care or assistance to someone living here?

- (1) Yes
- (2) No

-HH03-

For how many persons living here did you provide care or assistance?

_____ Number

-HH04-

For which person(s) in this household did you provide care or assistance? Please list only the two persons for whom you provided the most assistance. For which person(s) in this household did you provide care or assistance?

IF THERE IS ONLY ONE ENTRY, ENTER "N" AFTER THAT ENTRY.

-HH05A-

What is your relationship to him/her?

- (1) Spouse
- (2) Partner
- (3) Child
- (4) Grandchild
- (5) Parent
- (6) Brother/sister
- (7) Other relative
- (8) Nonrelative

-HH06A-

For how many years have you provided care or assistance to him/her?

ENTER "0" IF LESS THAN 1 YEAR.

_____ Years

-HH07A-

What kind of assistance did you give to him/her?

Did you:

- (1) Yes (2) No
- a. Help him/her dress, eat, bathe, or get to the bathroom?
- b. Help with medical needs such as taking medicines or changing bandages?
- c. Help him/her keep track of bills, checks, or other financial matters?
- d. Help by taking him/her shopping or to the doctor's office?

-HH08A-

How many hours a week did you usually spend providing care or assistance for him/her?

_____ Hours

-HH09A-

Did you receive similar unpaid care or assistance from any other persons?

- (1) Yes
- (2) No

-HH11A-

In terms of providing unpaid care and assistance to him/her, were you the person who provided the most care or were there others who provided just as much or more?

- (1) Provided the most care
- (2) Others provided as much or more care

-HH12A-

Sometimes people receive home health care services such as visits by nurses or therapists or home health aides. Did you receive these types of home health care visits?

- (1) Yes
- (2) No

-HH05B-

What is your relationship to him/her?

- (1) Spouse
- (2) Partner
- (3) Child
- (4) Grandchild
- (5) Parent
- (6) Brother/sister
- (7) Other relative
- (8) Nonrelative

-HH06B-

For how many years have you provided care or assistance to him/her?

ENTER "0" IF LESS THAN 1 YEAR.

_____ Years

-HH07B-

What kind of assistance did you give to him/her?

Did you:

(1) Yes (2) No

- a. Help him/her dress, eat, bathe, or get to the bathroom?
- b. Help with medical needs such as taking medicines or changing bandages?
- c. Help him/her keep track of bills, checks, or other financial matters?
- d. Help by taking him/her shopping or to the doctor's office?

-HH08B-

How many hours a week did you usually spend providing care or assistance for him/her?

_____ Hours

-HH09B-

Did you receive similar unpaid care or assistance from any other persons?

(1) Yes
(2) No

-HH11B-

In terms of providing unpaid care and assistance to him/her, were you the person who provided the most care or were there others who provided just as much or more?

(1) Provided the most care
(2) Others provided as much or more care

-HH12B-

Sometimes people receive home health care services such as visits by nurses or therapists or home health aides. Did he/she receive these types of home health care visits?

(1) Yes
(2) No

-HH13-

Did you provide care or assistance to any persons who lived outside of your home?

- (1) Yes
- (2) No

-HH14-

For how many persons living outside of your home did you provide care or assistance?

_____ Number

-HH15-

What was the name(s) of the person(s) outside your home for whom you provided care or assistance?
Please list only the two persons for whom you provided the most assistance.

IF THERE IS ONLY ONE ENTRY, ENTER "N" AFTER THAT ENTRY.

1st Person's Name _____

2nd Person's Name _____

-HH16A-

What is your relationship to him/her?

- (1) Spouse
- (2) Partner
- (3) Child
- (4) Grandchild
- (5) Parent
- (6) Brother/sister
- (7) Other relative
- (8) Nonrelative

-HH17A-

For how many years have you provided care or assistance to him/her?

ENTER "0" IF LESS THAN 1 YEAR.

_____ Years

-HH18A-

In what type of residence did he/she live? Was it in an ordinary residence, such as a house or apartment, or was it some type of care facility?

- (1) House or apartment
- (2) Care facility

-HH19A-

What kind of assistance did you give to him/her?
Did you:

- (1) Yes (2) No

- a. Help him/her dress, eat, bathe, or get to the bathroom?
- b. Help with medical needs such as taking medicines or changing bandages?
- c. Help him/her keep track of bills, checks, or other financial matters?
- d. Help by preparing meals, doing laundry, or cleaning the house?
- e. Help by taking him/her shopping or to the doctor's office?

-HH20A-

How many hours a week did you usually spend providing care or assistance for him/her?

_____ Hours

-HH21A-

Did he/she receive similar unpaid care or assistance from any other persons?

- (1) Yes
- (2) No

-HH22A-

Did you regularly spend time with him/her in order to provide companionship and emotional support because of this illness or disability?

- (1) Yes
- (2) No

-HH23A-

In terms of providing unpaid care and assistance to him/her, were you the person who provided the most care or were there others who provided just as much or more?

- (1) Provided the most care
- (2) Others provided as much or more care

-HH24A-

Sometimes people receive home health care services such as visits by nurses or therapists or home health aides. Did he/she receive these types of home health care visits?

- (1) Yes
- (2) No

-HH16B-

What is your relationship to him/her?

- (1) Spouse
- (2) Partner
- (3) Child
- (4) Grandchild
- (5) Parent
- (6) Brother/sister
- (7) Other relative
- (8) Nonrelative

-HH17B-

For how long have you provided care or assistance to him/her?

_____ Years

-HH18B-

In what type of residence did he/she live? Was it in an ordinary residence, such as a house or apartment, or was it some type of care facility?

- (1) House or apartment
- (2) Care facility

-HH19B-

What kind of assistance did you give to him/her?

Did you:

- (1) Yes
- (2) No

- a. Help him/her dress, eat, bathe, or get to the bathroom?
- b. Help with medical needs such as taking medicines or changing bandages?
- c. Help him/her keep track of bills, checks, or other financial matters?
- d. Help by preparing meals, doing laundry, or cleaning the house?
- e. Help by taking him/her shopping or to the doctor's office?

-HH20B-

How many hours a week did you usually spend providing care or assistance for him/her?

_____ Hours

-HH21B-

Did he/she receive similar unpaid care or assistance from any other persons?

- (1) Yes
- (2) No

-HH22B-

Did you regularly spend time with him/her in order to provide companionship and emotional support because of this illness or disability?

- (1) Yes
- (2) No

-HH23B-

In terms of providing unpaid care and assistance to him/her, were you the person who provided the most care or were there others who provided just as much or more?

- (1) Provided the most care
- (2) Others provided as much or more care

-HH24B-

Sometimes people receive home health care services such as visits by nurses or therapists or home health aides. Did he/she receive these types of home health care visits?

- (1) Yes
 - (2) No
-

RETIREMENT EXPECTATIONS AND PENSION PLAN COVERAGE TOPICAL MODULE

-PRINTRO-

These next questions concern your retirement expectations and pension plan coverage.

PRESS "ENTER" TO CONTINUE.

-PR1_PR090-

Was your primary source of work related income during the last 4 months from your job or from your business?

- (1) Job
- (2) Business

-PR3_PR110-

I just need to verify some information. Thinking about the location where you work, about how many people are employed there by [Name of Business]?

- (1) less than 10
- (2) 10 to 24
- (3) 25 to 49
- (4) 50 to 99
- (5) 100 to 249
- (6) 250 to 499
- (7) 500 to 999
- (8) 1,000 or more

-PR4_PR120-

About how many people are employed by [Name of Business] at all locations?

- (1) less than 10
- (2) 10 to 24
- (3) 25 to 49
- (4) 50 to 99
- (5) 100 to 249
- (6) 250 to 499
- (7) 500 to 999
- (8) 1,000 or more

-PR4A_PR121-

I just need to verify some information. About how many people are employed by [Name of Business]?

- (1) less than 10
- (2) 10 to 24
- (3) 25 to 49
- (4) 50 to 99
- (5) 100 to 249
- (6) 250 to 499
- (7) 500 to 999
- (8) 1,000 or more

-PR5_PR130-

How many weeks during the year do you usually work at [Name of Business]. Include paid vacation and sick leave as work time.

_____ Weeks

-PR6_PR140-

How many years have you been working for [Name of Business]?

_____ Number

ENTER "1" FOR MONTHS OR "2" FOR YEARS.

- (1) Months
- (2) Years

-PR7_PR150-

Now I'd like to ask about retirement plans offered on this job, not Social Security, but plans that are sponsored by your employer(s). This includes regular pension plans as well as other kinds of retirement plans like thrift and savings plans, 401(k) or 403(b) plans, and deferred profit-sharing and stock plans.

Does your employer(s) have any kind of pension or retirement plans for anyone in your company or organization?

- (1) Yes
- (2) No

-PR8_PR160-

Are you included in such a plan?

- (1) Yes
- (2) No

-PR9_PR170-

Why are you not included?

ENTER ALL THAT APPLY.

ENTER "N" AFTER LAST ENTRY.

- (01) No one in my type of job is allowed in the plan
- (02) Don't work enough hours, weeks or months per year
- (03) Haven't worked long enough for this employer
- (04) Started job too close to retirement date
- (05) Too young
- (06) Can't afford to contribute
- (07) Don't want to tie up money
- (08) Employer doesn't contribute, or contribute enough for this employer
- (09) Don't plan to be in job long enough
- (10) Don't need it
- (11) Have an IRA or other pension plan coverage
- (12) Spouse has pension plan
- (13) Haven't thought about it
- (14) Some other reason

-PR10_PR180-

Is the plan something like a 401(k) plan, where workers contribute to the plan and their contributions are tax deferred?

- (1) Yes
- (2) No

-PR11_PR190-

Some workers participate in more than one retirement plan. For example, they might have a regular pension plan and also have some kind of retirement savings plan.

How many different pension or retirement plans do you have on this job?

_____ Number of plans

-PR12_PR200-

The following question is about the plan you would consider to be your most important retirement plan on this job. There are two basic types of retirement plans.

In the first type, your benefit is defined by a formula usually involving your earnings and years on the job.

In the second type of plan, contributions made by you and/or your employer go into an individual account for you.

Which type of plan are you in?

- (1) Plan based on earnings and years on the job
- (2) Individual account plan
- (H) Help

-PR13_PR210-

What is your second most important plan on this job?

- (1) Plan based on earnings and years on the job
- (2) Individual account plan
- (H) Help

-PR14_PR220-

The following series of questions refer to your (most important) plan.

Do you contribute any money to this plan, for example, through payroll deductions?

- (1) Yes
- (2) No

-PR14A_PR220A-

In some plans like 401(k) plans the money you contribute is tax-deferred. Are your contributions to this plan tax-deferred?

- (1) Yes
- (2) No

-PR14B_PR220B-

If were to leave your job(s) now or within the next few months, could you eventually receive some benefits from this plan when you reach retirement age?

- (1) Yes
- (2) No

-PR14C_PR220C-

If you left your job(s) now, could you get a lump-sum payment from this plan when you left?

- (1) Yes
- (2) No

-PR15_PR230-

How many years have you been included in this plan?

_____ Years

-PR16_PR231-

Will your benefits from this plan be either increased or decreased because you participate in the Social Security program?

- (1) Yes
- (2) No
- (3) Do not participate in Social Security

-PR17_PR232-

How much has your employer(s) contributed to your plan within the last year?

-PR18_PR233-

As of the end of (reference month 4), what was the total amount of money in your account?

-PR19_PR234-

What is your best estimate of the amount in your account?

READ ALL CATEGORIES:

- (1) Less than \$5,000
- (2) \$5,000 to \$10,000
- (3) \$10,001 to \$25,000
- (4) \$25,001 to \$50,000
- (5) \$50,001 to \$75,000
- (6) \$75,001 or more

-PR20_PR240-

The following series of questions refer to your second most important pension plan.

Do you contribute any money to this plan, for example, through payroll deductions?

- (1) Yes
- (2) No

-PR20A_PR240A-

In some plans like 401(k) plans the money you contribute is tax-deferred. Are your contributions to this plan tax-deferred?

- (1) Yes
- (2) No

-PR20B_PR240B-

If you were to leave your job(s) now or within the next few months, could you eventually receive some benefits from this plan when you reach retirement age?

- (1) Yes
- (2) No

-PR20C_PR240C-

If you left your job(s) now, could you get a lump-sum payment from this plan when you left?

- (1) Yes
- (2) No

-PR21_PR250-

How many years have you been included in this plan?

_____ Years

-PR22_PR251-

Will your benefits from this plan be either increased or decreased because you participate in the Social Security program?

- (1) Yes
- (2) No
- (3) Do not participate in Social Security

-PR23_PR252-

How much has your employer(s) contributed to your plan within the last year?

-PR24_PR253-

As of the end of (reference month 4), what was the total amount of money in your account?

-PR25_PR254-

What is your best estimate of the amount in your account?

READ ALL CATEGORIES:

- (1) Less than \$5,000
- (2) \$5,000 to \$10,000
- (3) \$10,001 to \$25,000
- (4) \$25,001 to \$50,000
- (5) \$50,001 to \$75,000
- (6) \$75,001 or more

-PR26_PR260-

I'd like to make sure about a particular type of retirement plan that allows workers to make tax deferred contributions. For example, you might choose to have your employer put part of your salary into a retirement savings account and you do not have to pay taxes on this money until you retire. These plans are called by different names, including 401(k) plans, pre-tax plans, salary reduction plans and 403(b) plans.

Does your employer(s) offer a plan like this to anyone in your company or organization?

(1) Yes

(2) No

-PR27_PR270-

Are you participating in this plan?

(1) Yes

(2) No

-PR28_PR280-

Why are you not included?

ENTER ALL THAT APPLY

ENTER "N" AFTER LAST ENTRY.

- (01) No one in my type of job is allowed in the plan
- (02) Don't work enough hours, weeks or months per year
- (03) Haven't worked long enough for this employer
- (04) Started job too close to retirement date
- (05) Too young
- (06) Can't afford to contribute
- (07) Don't want to tie up money
- (08) Employer doesn't contribute, or contribute enough
- (09) Don't plan to be in job long enough
- (10) Don't need it
- (11) Have an IRA or other pension plan coverage
- (12) Spouse has pension plan
- (13) Haven't thought about it
- (14) Some other reason

-PR29_PR290-

Do you expect to start participating in this plan within the next few years?

- (1) Yes
- (2) No

-PR30_PR300-

Referring to your most important plan, how much do you contribute toward this plan?

ENTER (N) IF RESPONDENT MAKES NO CONTRIBUTIONS.

\$ _____

- Per:
- (1) Week
 - (2) Biweekly
 - (3) Month
 - (4) Quarter
 - (5) Year

OR

_____ Percent of Salary

-PR31_PR310-

Does your employer(s) make contributions into this plan?

- (1) Yes
- (2) No

-PR32_PR320-

Does the amount that your employer(s) contributes to the plan depend entirely, partly, or not at all on the amount you contribute?

- (1) Depends entirely
- (2) Depends partly
- (3) Not at all

-PR33_PR330-

How much does your employer(s) actually contribute to the plan?

\$ _____

- Per:
- (1) Week
 - (2) Biweekly
 - (3) Month
 - (4) Quarter
 - (5) Year

OR

_____ Percent of Salary

OR

- (6) Contributions out of profits
- (7) Contribution varies

-PR34_PR340-

Are you able to choose how any of the money in the plan is invested?

- (1) Yes
- (2) No

-PR35_PR350-

Are you able to choose how all of the money is invested, or just part of it?

- (1) All of the money
- (2) Part of the money

-PR36_PR360-

How are the current contributions to this account being invested?

READ ALL CATEGORIES. ENTER ALL THAT APPLY.
ENTER "N" AFTER LAST ENTRY

- (1) Company stock of your employer
- (2) Stock funds
- (3) Corporate bonds or bond funds
- (4) Long term interest bearing securities
- (5) Diversified stock and bond funds
- (6) Government securities
- (7) Money market funds
- (8) Other investments

-PR37_PR370-

Of the types of investments just mentioned, which type is where the largest share of current contributions are being invested?

- (1) Employer company stock
- (2) Stock funds
- (3) Corporate bonds or bond funds
- (4) Long term interest bearing securities
- (5) Diversified stock and bond funds
- (6) Government securities
- (7) Money market funds
- (8) Other investments
- (9) Evenly split between types reported

-PR38_PR380-

As of the end of (reference month 4), what was the total amount of money in your account?

-PR39_PR390-

What is your best estimate of the amount in your account?

READ ALL CATEGORIES.

- (1) Less than \$5,000
- (2) \$5,000 to \$10,000
- (3) \$10,001 to \$25,000
- (4) \$25,001 to \$50,000
- (5) \$50,001 to \$75,000
- (6) \$75,001 or more

-PR40_PR391-

Have you ever taken out any money from your plan in the form of a loan?

- (1) Yes
- (2) No

-PR41_PR392-

Does your plan permit you to take out a loan?

- (1) Yes
- (2) No

-PR42_PR393-

What is the current outstanding balance due from that loan?

-PR43_PR394-

What is your best estimate of the amount of the loan?

READ ALL CATEGORIES.

- (1) Less than \$2,500
- (2) \$2,500 to \$5,000
- (3) \$5,001 to \$10,000
- (4) \$10,001 to \$25,000
- (5) \$25,001 to \$50,000
- (6) \$50,001 or more

-PR44_PR400-

Are you participating in any pension or retirement plans offered on any other jobs or businesses you currently have?

- (1) Yes
- (2) No

-PR45_PR410-

The next questions are about pension or retirement plans offered by employers or unions. This includes regular pension plans as well as other kinds of retirement plans, like thrift and savings plans, 401(K) or 403(b) plans and deferred profit-sharing and stockplans, excluding Social Security. Other than Social Security or the plans we have already talked about have you ever been covered by a pension or retirement plan on any previous jobs or businesses?

- (1) Yes
- (2) No

-PR46_PR420-

Are there any previous plans from which you have not yet received any benefits, but expect to receive them in the future?

- (1) Yes
- (2) No

-PR47_PR430-

How many years did you work on the job from which you contributed to receive this pension?

_____ Years

-PR48_PR440-

Will the amount of your retirement benefits from that plan be determined by a formula such as one based on your earnings and years of service or will your benefits be based on the total amount of money held in an individual account for you?

- (1) Based on a formula
- (2) Based on the amount of money in account

-PR49_PR450-

As of the end of (reference month 4), what was the total amount of money in your account?

-PR50_PR460-

What is your best estimate of the amount of money in your account?

READ ALL CATEGORIES.

- (1) Less than \$5,000
- (2) \$5,000 to \$10,000
- (3) \$10,001 to \$25,000
- (4) \$25,001 to \$50,000
- (5) \$50,001 to \$75,000
- (6) \$75,001 or more

-PR51_PR461-

Could you withdraw this money now, or will you have to wait until retirement age to get the money?

- (1) Could withdraw money now
- (2) Must wait until retirement

-PR52_PR470-

Have you ever received a lump-sum payment from a pension or retirement plan from a previous job, including any lump sums that may have been directly rolled over to another plan or to an IRA?

- (1) Yes
- (2) No

-PR53_PR480-

Have you ever received survivor benefits in the form of a lump-sum payment from someone else's pension or retirement plan?

- (1) Yes
- (2) No

-PR54_PR490-

Over the years, how many of these lump sum distributions, including rollovers, have you received?

_____ Number

-PR55_PR500-

Please answer the following questions about your most recent lump sum or rollover. In what year did you receive this lump sum or rollover?

_____ Year

-PR56_PR510-

Did you also receive any lump sum payments in 1997?

- (1) Yes
- (2) No

-PR57_PR520-

Was the lump sum (you received in 1997/you received in 1998) from a private employer or union plan, from the military, from other Federal employee plans, or from a State or Local government plan?

- (1) Private employer or union plan
- (2) Military plan
- (3) Other federal plans
- (4) State or local government
- (5) Other

-PR58_PR521-

Did you withdraw the money voluntarily, or did the plan require you to withdraw it?

- (1) Voluntarily
- (2) Required to withdraw

-PR59_PR530-

What was the total amount of the lump sum or rollover?

-PR60_PR540-

What is your best estimate of the lump sum or rollover amount?

READ ALL CATEGORIES.

- (1) Less than \$5,000
- (2) \$5,000 to \$10,000
- (3) \$10,001 to \$25,000
- (4) \$25,001 to \$50,000
- (5) \$50,001 to \$75,000
- (6) \$75,001 or more

-PR61_PR550-

Did you actually receive the money, or was it directly rolled over into another plan or to an IRA?

- (1) Actually received
- (2) Directly rolled over

-PR62_PR560-

After receiving the lump sum payment, did you then roll any of the money over into another retirement plan or into an IRA?

- (1) Yes
- (2) No

-PR63_PR570-

Did you roll it over into another plan on your job, an individual annuity, an IRA, or some other type of plan?

- (1) Plan on job
- (2) Individual annuity
- (3) IRA
- (4) Other

-PR64_PR571-

Did you roll over the entire amount or just part of it?

- (1) Entire amount
- (2) Partial amount

-PR65_PR580-

People who receive lump sums may spend or invest the money in many different ways. How did you use the money from the lump sum you received?

ENTER ALL THAT APPLY. ENTER "N" AFTER LAST ENTRY.

- (01) Invested in an IRA, annuity, or other retirement program
- (02) Put it into a savings account or CDs
- (03) Invested in other financial instruments (stocks, mutual funds, bonds, money market funds)
- (04) Invested in land, other real properties
- (05) Invested in own or family business or farm
- (06) Used for housing (purchase, paid off mortgage, home improvements/repairs)
- (07) Paid bills, loans, or other debts
- (08) Bought a car, boat, furniture, or other consumer items
- (09) Vacation, travel, or recreation
- (10) Paid expenses while laid off
- (11) Moving or relocation expenses
- (12) Medical or dental expenses
- (13) Paid or saved for education
- (14) General or everyday expenses
- (15) Gave to family members or charities
- (16) Paid taxes
- (17) Saved for retirement expenses
- (18) Saved or invested in other ways
- (19) Spent in other ways

-PR66_PR600-

Earlier you said you received some pension or retirement income other than Social Security during the period from (reference month 1) through (reference month 4). Will you continue to receive these benefits for the rest of your life, or will it be just a limited number of payments, or was it just a single lump sum payment?

ENTER ALL THAT APPLY.

ENTER "N" AFTER LAST ENTRY.

- (1) Rest of life
- (2) Limited number of payments
- (3) Lump-sum payment

-PR67_PR610-

Did you receive this income from more than one pension plan?

- (1) Yes
- (2) No

-PR68_PR620-

How many different plans did you receive this income from?

-PR69_PR640-

The following questions refer to the pension or retirement plan that pays the largest amount of lifetime benefits. The following questions refer to the benefits you are receiving in a limited number of payments. The following questions refer to the benefits you received as a lump-sum payment. Does this pension benefit come from a job or business that you held in the past, or does it come from a job or business held by your former spouse?

- (1) Respondent's job
- (2) Respondent's former spouse's job
- (3) Other

-PR70_PR650-

In what year did you begin receiving this pension?

_____ Year

-PR71_PR660-

Was the amount of this pension payment based on years of service and pay, or on the amount of money held in an individual account for you?

- (1) Years of service and pay
- (2) Amount in individual account

-PR72_PR670-

Were reduced benefits taken in order to elect a survivor's option?

- (1) Yes
- (2) No
- (3) No survivor's option offered

-PR73_PR680-

Has the amount of your pension ever increased for any reason?

- (1) Yes
- (2) No

-PR74_PR690-

Does your pension plan provide for automatic cost-of-living adjustments known as COLA's?

- (1) Yes
- (2) No

-PR75_PR700-

Did the amount of your pension payment ever decrease for any reason?

- (1) Yes
- (2) No

-PR76_PR710-

How much did you receive from this plan each month when you first began receiving the pension payment?

-PR77_PR720-

How much do you currently receive EACH MONTH from this plan?

-PR78_PR730-

Now I have some questions about your most recent lump sum payment. Did this payment come from a job or business you held in the past, or did it come from a job or business held by your former spouse?

- (1) Respondent's former job
- (2) Respondent's former spouse's job
- (3) Other

-PR79_PR740-

Have you ever retired from a job or business?

- (1) Yes
- (2) No

-PR80_PR750-

Have you ever worked for pay as much as five years or more?

- (1) Yes
- (2) No

-PR81_PR751-

Did you retire from a job or from a business?
Was your longest employment on a job or in a business?
Did this pension benefit come from a job or from a business?

- (1) Job
- (2) Business

-PR82_PR760-

(The next questions are about the job from which you received this pension or retirement income./The next questions are about the job from which you received this most recent lump-sum payment./The next questions are about the job from which you retired.

The next questions are about the job on which you worked the longest.)

What type of organization was that?

- (1) A Government organization (including Armed Forces)
- (2) A Private for profit Company
- (3) A non-profit organization including tax-exempt and charitable organizations
- (4) A family business or farm?

-PR83_PR770-

Was that Federal Government, State Government, Local Government, or active duty Armed Forces?

- (1) Federal Government (civilian)
- (2) State Government
- (3) Local Government (county, city, township)
- (4) Active duty Armed Forces

-PR84_PR780-

What was the main function or activity of the government organization that you worked for ?

-PR85_PR781-

Did you work as a paid or unpaid employee for the family business or farm?

- (1) For pay
- (2) Unpaid worker

-PR86_PR790-

What kind of business or industry was that?

READ IF NECESSARY:

What did they make or do where you worked?

-PR87_PR810-

Was it mainly?

- (1) Manufacturing
- (2) Wholesale Trade
- (3) Retail Trade
- (4) Service
- (5) Some other kind of business?

-PR88_PR820-

What kind of work were you doing on that job, that is, what was your occupation?

For example: Bookkeeper, Plumber, Press operator

-PR89_PR830-

What were your usual activities or responsibilities on that job?

For example: Keeping account books, repairing pipes, operating printing presses

-PR90_PR840-

Did your employer operate in more than one location?

- (1) Yes
- (2) No

-PR91_PR850-

How many people were employed at the location where you worked?

- (1) less than 10
- (2) 10 to 24
- (3) 25 to 49
- (4) 50 to 99
- (5) 100 to 249
- (6) 250 to 499
- (7) 500 to 999
- (8) 1,000 or more

-PR92_PR860-

About how many people were employed by that employer at all locations?

About how many people were employed by that employer?

- (1) less than 10
- (2) 10 to 24
- (3) 25 to 49
- (4) 50 to 99
- (5) 100 to 249
- (6) 250 to 499
- (7) 500 to 999
- (8) 1,000 or more

-PR93_PR870-

When you worked for that employer, were you covered under a union or employee association contract?

- (1) Yes
- (2) No

-PR94_PR880-

How many hours per week did you usually work at that job?

_____ Hours

-PR95_PR890-

How many weeks during the year did you usually work at that job? Include paid vacation and sick leave as work time.

_____ WEEKS

-PR96_PR900-

How many years did you work at that job?

_____ Years

-PR97_PR910-

In what year did you leave that job?

_____ Year

-PR98_PR920-

When you left that job, how much were you earning before deductions for taxes, etc?

\$ _____

- Per: (1) Week
 (2) Biweekly
 (3) Month
 (4) Year

-PR99_PR940-

Are you now covered by a health plan provided through your former employer?

- (1) Yes
(2) No

-PR100_PR950-

(The next questions are about the business from which you received this pension or retirement income./The next questions are about the business from which you received this most recent lump-sum payment./The next questions are about the business from which you retired./The next questions are about the business which you operated for the longest time.

What kind of business was that?

READ IF NECESSARY: What did the business do or make?

-PR101_PR951-

Was this business mainly...

- (1) Manufacturing
(2) Wholesale Trade
(3) Retail Trade
(4) Service
(5) Some other kind of business?

-PR102_PR952-

What kind of work were you doing at that business, that is, what was your occupation?

For example: Sales manager, dentist, farmer

-PR103_PR953-

What were your usual activities or responsibilities at that business?

For example: Managing sales, repairing teeth, farming

-PR104_PR954-

What was the maximum number of people you employed, including yourself, who worked at this business at any one time?

- (1) less than 10
- (2) 10 to 24
- (3) 25 to 49
- (4) 50 to 99
- (5) 100 to 249
- (6) 250 to 499
- (7) 500 to 999
- (8) 1,000 or more

-PR105_PR955-

Was this business incorporated?

- (1) Yes
- (2) No

-PR106_PR956-

How many hours per week did you usually work at that business?

_____ Hours

-PR107_PR957-

How many weeks during the year did you usually work at that business? Include paid vacation and sick leave as work time.

_____ WEEKS

-PR108_PR958-

How many years did you work at that business?

_____ Years

-PR109_PR959-

In what year did you leave that business?

_____ Year

-PR110_PR960-

When you left that business, how much were you earning before deductions for taxes, etc?

\$ _____

Per: (1) Week
 (2) Biweekly
 (3) Month
 (4) Year

-PR111_PR970-

Are you now covered by a health plan provided through your former business?

(1) Yes
(2) No

Compared to the standard of living you had in your early fifties, would you say that your current standard of living is...

READ ALL CATEGORIES.

- (1) Much better
 - (2) Somewhat better
 - (3) About the same
 - (4) Somewhat worse
 - (5) Much worse
-

TAXES TOPICAL MODULE

-TAXLEADIN-

Now I would like to ask you a few questions about your 1997 Income Taxes.

PRESS "ENTER" TO CONTINUE

-TAX002-

Did you file a Federal income tax return for 1997?

- (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 1997 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 did you claim exemptions for the entire year?

ENTER NUMBER OF PERSONS OUTSIDE OF THE HOUSEHOLD: _____

-TAX009-

What was the relationship of this/these person(s) to [Name]? "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 1997 tax return?

(1) Yes

(2) No

-TAX013-

Did you file Schedule D, Capital Gains and Losses, with your 1997 tax return?

- (1) Yes
- (2) No

-TAX017-

How much were your and your spouse's itemized deductions for 1997? (Line 28 of Schedule A) How much were your itemized deductions for 1997?

Amount: \$ _____

-TAX018-

Did you claim a child and dependent care expense credit in 1997?
(Line 40 on Form 1040)

- (1) Yes
- (2) No

-TAX019-

What was that amount?

Amount: \$ _____

-TAX019B-

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.

-TAX020-

Did you claim a credit for the elderly or the disabled in 1997? (line 41 on Form 1040)

- (1) Yes
- (2) No

-TAX021-

What was that amount?

Amount:\$ _____

-TAX023-

(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 1997? (Line 13 on Form 1040)

How much were your capital gains or losses from the sale or exchange of personal assets for 1997? (Line 13 on Form 1040)

(N) none

\$ _____

-TAX024-

(ENTER LOSS AS A NEGATIVE AMOUNT)

FR NOTE: (LINE 32 ON FORM 1040, LINE 16 ON FORM 1040A, LINE 4 ON FORM 1040EZ)

What was you and your spouse's adjusted gross income in 1997?

What was your adjusted gross income in 1997?

(N) none

\$ _____

-TAX025-

What was you and your spouse's net tax liability in 1997?

What was your net tax liability in 1997?

\$ _____ Amount

(N) none

-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:\$ _____

-TAX028B-

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-

Did you pay any property taxes on your residence(s) in 1997?

- (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 1997?

Amount:\$ _____
