

APPENDIX A

Wave 3 Questionnaire

1996 Panel - Wave 3 Topical Modules

MEDICAL EXPENSES AND UTILIZATION OF HEALTH CARE TOPICAL MODULE

SIPP 1996 Wave 3

Medical Expenses and Utilization of Health Care Topical Module

-HLTSTAT-

These next few questions are about your health. Would you say your health in general is excellent, very good, good, fair, or poor?

- (1) Excellent
- (2) Very good
- (3) Good
- (4) Fair
- (5) Poor

-HOSPSTA-

These next questions ask about health care over the PAST TWELVE MONTHS, that is, the period from today back to this date one year ago.

During the past 12 months were you a patient in a hospital overnight or longer?

- (1) Yes
- (2) No

-HOSPNIT-

How many nights in all did you spend in a hospital of any type during the past 12 months?

ENTER "N" FOR NONE OR NO TIMES

_____ Nights

-PRESDRG-

During the past 12 months, did you take any prescription medications?

- (1) Yes
- (2) No

-DALYDRG-

Do you take prescription medicines on a daily basis?

- (1) Yes
- (2) No

-VISIDENT-

During the past 12 months, how many visits did you make to a dentist or other dental professional listed on this card?

(SHOW FLASHCARD KK)

ENTER "N" FOR NONE OR NO TIMES

_____ times

DENTIST
DENTAL OR ORAL SURGEONS
ORTHODONTISTS
DENTAL HYGIENISTS
DENTAL TECHNICIANS
DENTAL ASSISTANTS
OTHER DENTAL SPECIALIST

-VISDOC-

During the past 12 months, how many times did you see or talk to a medical doctor or other medical provider, such as those shown on this card, about your health?

(SHOW FLASHCARD LL)

ENTER "N" FOR NONE OR NO TIMES

_____ times

PHYSICIANS	OCCUPATIONAL THERAPISTS
NURSES, NURSE PRACTITIONERS	AUDIOLOGISTS
PARAMEDICS	PSYCHIATRISTS, PSYCHOLOGISTS
HEALTH AIDES	PSYCHIATRIC SOCIAL WORKERS
PHYSICIAN ASSISTANTS	MENTAL HEALTH THERAPISTS
CHIROPRACTORS	LAB OR X-RAY TECHNICIAN
MIDWIVES, NURSE MIDWIVES	OTHER MEDICAL PROVIDER
OPTOMETRISTS/OPHTHALMOLOGISTS	
PODIATRISTS	
PHYSICAL THERAPISTS	
SPEECH THERAPISTS	

-MDSPND-

In the last 12 months, did you purchase any other medical supplies or services such as those shown on this card?

(SHOW FLASHCARD MM)

- (1) Yes
- (2) No

EYEGASSES OR CONTACT LENSES
DIABETIC EQUIPMENT OR SUPPLIES
OVER THE COUNTER MEDICINES
TRANSPORTATION SERVICES
MENTAL HEALTH SERVICES
HOME HEALTH CARE
OTHER MEDICAL SUPPLIES/EQUIPMENT/SERVICES

-DAYSICK-

During the past 12 months, about how many days did illness or injury keep you in bed more than half of the day?

ENTER "N" FOR NONE OR NO TIMES

_____ days

-MEDPAY-

During the last 12 months, about how much was paid for your own medical care and health insurance?

ENTER "N" FOR NO PAYMENTS

_____ dollars

-MDPAYDK-

Was it...

- (1) less than \$500
- (2) \$500 to \$1000
- (3) \$1000 to \$5000
- (4) \$5000 to \$10000
- (5) \$10000 or more

-MEDREF-

How much, if any, of these expenses were reimbursed by some source?

ENTER "N" FOR NONE

ENTER "A" FOR ALL EXPENSES REIMBURSED

_____ dollars

OR

_____ % (percent reimbursed if answer given as a percentage)

-CHLHLT-

The next few questions are about the health of your [child/children]

(read above for names of all children).

Would you say [child's name]'s health in general is excellent, very good, good, fair, or poor?

- (1) Excellent
- (2) Very good
- (3) Good
- (4) Fair
- (5) Poor

-HSPSTAS-

During the past 12 months, was your child (read above for names of all children) a patient in a hospital overnight or longer?

- (1) Yes
- (2) No

-WHOHSP-

Which children were in a hospital overnight or longer?

ENTER LINE NUMBER OF EACH CHILD

(N) No more

-HSPNITK-

How many nights in all did [child's name] spend in a hospital of any type during the past 12 months?

ENTER "N" FOR NONE OR NO TIMES

_____ Nights

-PRSDRGS-

During the past 12 months did (read above for names of all children) take any prescription medications?

- (1) Yes
- (2) No

-WHODRG-

Which children took prescription medications?

ENTER LINE NUMBER OF EACH CHILD

(N) No more

-DLYDRGK-

Does [child's name] take prescription medicines on a daily basis?

- (1) Yes
- (2) No

-VSDENTS-

During the past 12 months, did (read above for names of all children) visit a dentist, or other dental professional listed on this card?

(SHOW FLASHCARD KK)

- (1) Yes
- (2) No

-WHODENT-

Which children visited a Dentist?

ENTER LINE NUMBER OF EACH CHILD

(N) No more

-VSDENTK-

During the past 12 months, how many visits did [child's name] make to a dentist?

ENTER "N" FOR NONE OR NO TIMES

_____ times

-VSDOCS-

During the past 12 months, did you or anyone else see or talk to a medical doctor or other medical provider about (read above for names of all children)'s health?

(SHOW FLASHCARD LL)

(1) Yes

(2) No

-WHODOC-

Which children visited a Doctor?

ENTER LINE NUMBER OF EACH CHILD

ENTER "N" FOR NONE, OR FOR NO MORE AFTER LINE ENTRIES

-VSDOCSK-

During the past 12 months, how many times did you or anyone else see or talk to a medical doctor or other medical provider about [child's name]'s health?

ENTER "N" FOR NONE OR NO TIMES

_____ times

-MDSPNDS-

In the last 12 months, were purchases made for (read above for names of all children) for any other medical supplies or services such as those shown on this card?

(SHOW FLASHCARD MM)

(1) Yes

(2) No

-WHOSPND-

For which children were purchases made?

ENTER LINE NUMBER OF EACH CHILD

(N) No more

-NOWKYR-

We have recorded that your health or condition prevents you from working.

For how long have you been prevented from working? Has it been 12 months or longer, or has it been less than 12 months?

(1) 12 months or longer

(2) less than 12 months

-WKFUTR-

Is it likely that you will be able to work at some time in the next 12 months?

(1) Yes

(2) No

End of the Medical Expenses and Utilization of Health Care Topical Module

WORK RELATED EXPENSES AND CHILD SUPPORT PAID TOPICAL MODULES

SIPP 1996 Wave 3

Work Related Expenses and Child Support Paid Topical Modules

-PVWK1-

Now I have a few questions about your work related expenses, including transportation to work.

Let's talk about your employment with [Employer's name]

During the typical week, how did you get to work? Did you drive, ride in someone else's vehicle, take public transportation, use some combination, or some other way?

MARK ALL THAT APPLY
ENTER (N) FOR NO MORE

- (1) Drove own vehicle
- (2) Rider in someone else's vehicle/van pool
- (3) Public transportation (bus, train, subway, etc.)
- (4) Walked or bicycled
- (5) Other

-PVWK2-

Now I have a few questions about your work related expenses, including transportation to work.

Let's talk about your employment with [Business name]

During the typical week, how did you get to work? Did you drive, ride in someone else's vehicle, take public transportation, use some combination, or some other way?

MARK ALL THAT APPLY
ENTER (N) FOR NO MORE

- (1) Drove own vehicle
- (2) Rider in someone else's vehicle/van pool
- (3) Public transportation (bus, train, subway, etc.)
- (4) Walked or bicycled
- (5) Other

-PVWK3-

Now I have a few questions about your work related expenses, including transportation to work.

During the typical week, how did you get to your work? Did you drive, ride in someone else's vehicle, take public transportation, use some combination, or some other way?

MARK ALL THAT APPLY
ENTER (N) FOR NO MORE

- (1) Drove own vehicle
- (2) Rider in someone else's vehicle/van pool
- (3) Public transportation (bus, train, subway, etc.)
- (4) Walked or bicycled
- (5) Other

-PVMILWK-

Altogether, about how many miles per week did you usually [drive/ride] as part of your work commute?

_____ Miles per week

-PVPAPRK-

Do you have to pay for parking or tolls as a part of your work-commuting expenses?

- (1) Yes
- (2) No

-PVPAYWK-

Typically, how much did you spend PER WEEK for parking or tolls?

\$ _____

-PVCOMUT-

During a typical week, about how much were your work commuting expenses?

\$ _____

-PVWKEXP-

Not counting expenses your employer paid, did you have any work-related expenses such as licenses, permits, union dues, special tools, or uniforms for your work?

(1) Yes

(2) No

-PVANEXP-

Altogether, how much were your annual expenses for such items?

\$ _____

-PVCHILD-

Do you have any children who lived elsewhere with their other parent or guardian at anytime during the past 4 months?

(1) Yes

(2) No

-PVMANCD-

How many children?

-PVMOSUP-

In the past 4 months, were you required to pay child support ?

(FR NOTE: Include payments made directly to the other parent or guardian, payments made through a court or an agency, payments withheld from this persons' paycheck)

(1) Yes

(2) No

-PVCHPA-

How much did you pay in child support in:

ENTER (N) FOR NONE/NO MORE. ENTER (S) FOR SAME AS PREVIOUS AMOUNT.

[Month 4] _____

[Month 3] _____

[Month 2] _____

[Month 1] _____

End of the Work Related Expenses and Child Support Paid Topical Modules

ASSETS AND LIABILITIES TOPICAL MODULE

SIPP 1996 Wave 3

Assets and Liabilities Topical Module

-ALOW-

As of [last day of reference period], did anyone outside of this household owe money to you as the result of the sale of a business or property? Exclude mortgages owed to you which have already been reported.

(1) Yes

(2) No

-ALOWA-

How much was owed to you?

If shared, count only your share.

\$

-ALSB-

I recorded earlier that you owned Series E or EE U.S. Savings Bonds.
Did you own them as of [last day of the reference period]?

(1) Yes

(2) No

-ALSBV-

What was the FACE VALUE of the U.S. Savings Bonds that you owned?

If ownership was shared, count only your share.

\$

-ALJCH-

As of [last day of reference period], did you own jointly with your (wife/husband) any checking accounts which did NOT earn interest?

[Do not include any jointly owned interest earning checking accounts reported earlier.]

(1) Yes

(2) No

-ALJCHA-

What is your best estimate of the amount of money you and your (wife/husband) had in those checking accounts as of [last day of reference period]?

(N) None

\$

-ALJD-

As of [last day of reference period], did you and your (wife/husband) together owe any money for -

(1) Yes

(2) No

Store bills or credit card bills? _____

Loans obtained through a bank or credit union,
other than car loans or home equity loans? _____

Any other debt we have not yet mentioned, including
medical bills not covered by insurance, money owed
to private individuals, or any other debt not
covered and excluding mortgages, home equity
loans, and car loans? _____

-ALJDA-

How much was owed as of [last day of reference period] for -

Store bills or credit card bills? \$ _____

Loans obtained through a bank or credit union,
other than car loans or home equity loans? \$ _____

Any other debt we have not yet mentioned including
medical bills not covered by insurance, money owed
to private individuals, and any other debt not
covered and excluding mortgages, home equity loans,
and car loans? \$ _____

-ALICH-

Besides any non-interest earning checking accounts owned jointly with your spouse, as of [last day of reference period], did you own any other checking accounts which did NOT earn interest?

(Do not include any interest earning checking accounts reported earlier.)

- (1) Yes
- (2) No

-ALICHA-

What is your best estimate of the amount of money you had in those checking accounts as of [last day of the reference period]?

(N) None

\$ _____

-ALIL-

Did you have any debts, such as credit card bills, loans from a financial institution, or educational loans, in your OWN name?

- (1) Yes
- (2) No

-ALID-

As of [last day of the reference period], did you owe any money in your own name for -

(1) Yes

(2) No

Store bills or credit card bills? _____

Loans obtained through a bank or credit union,
other than car loans or home equity loans? _____

Any other debt we have not yet mentioned including
medical bills not covered by insurance, money owed
to private individuals, and any other debt not
covered and excluding mortgages, home equity loans,
and car loans? _____

-ALIDA-

How much was owed as of [last day of reference period] for -

Store bills or credit card bills? \$ _____

Loans obtained through a bank or credit union,
other than car loans or home equity loans? \$ _____

Any other debt we have not yet mentioned including
medical bills not covered by insurance, money owed
to private individuals, and any other debt not
covered and excluding mortgages, home equity loans,
and car loans? \$ _____

-ALR-

I recorded earlier that you owned an IRA or KEOGH account.

As of [last day of reference period], did you have any IRAs (Individual Retirement Accounts) in your OWN name?

FR Instruction: (Do not mark "Yes" if your account is only included in spouse's IRA account.)

(1) Yes

(2) No

-ALRY-

For how many years have you contributed to your IRA accounts?

(L) Less than 1 Year

_____ Years

-ALRB-

As of [last day of reference period], what was the total balance or market value (including interest earned) of the IRA accounts in your own name?

(N) None

\$ _____

-ALRBE-

Was the total -

(1) Less than \$ 5,000

(2) \$ 5,000 to \$25,000

(3) \$25,001 to \$50,000

(4) More than \$50,000?

-ALRBCB-

If I were to call back later would you be able to provide me with the amount? (This information is especially important for the purposes of this survey.)

- (1) Yes
- (2) No

-ALRA-

As of [last day of reference period], which kinds of assets did you hold in your IRA accounts? Was your IRA account invested in (READ CATEGORIES) -

Enter "N" after last category.

- (1) Certificates of deposit or other saving 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

-ALRAO-

Please specify the Other Assets.

- 1)
- 2)

-ALK-

As of [last day of reference period], did you have a KEOGH account in your OWN name?

- (1) Yes
- (2) No

-ALKY-

For how many years have you contributed to your KEOGH account?

(L) Less than 1 Year

_____ Years

-ALKB-

As of [last day of reference period], what was the total balance or market value of assets in your KEOGH account(s)?

(N) None

\$ _____

-ALKBE-

Was the total -

- (1) Less than \$ 5,000
- (2) \$5,000 to \$25,000
- (3) \$25,001 to \$50,000
- (4) More than \$50,000?

-ALKBCB-

If I were to call back later would you be able to provide me with the amount? (This information is especially important for the purposes of this survey.)

- (1) Yes
- (2) No

-ALKA-

As of [last day of reference period], which kinds of assets did you hold in your KEOGH account(s)?
Was your KEOGH account invested in (READ CATEGORIES) -

Enter 'N' after last category

- (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

-ALKAO-

Please specify the other assets held.

- 1)
- 2)

-ALT-

I recorded earlier that you participated in a 401K or thrift plan.

As of [last day of reference period], did you have any 401K or thrift plan accounts in your OWN name?

- (1) Yes
- (2) No

-ALTY-

For how many years have you contributed to your 401K or thrift plans?

(L) Less than 1 Year

-ALTB-

As of [last day of reference period], what was the total balance or market value (including interest earned) of any 401K or thrift plans held in your own name?

(N) None

\$ _____

-ALTBE-

Was the total -

- (1) Less than \$ 5,000
- (2) \$ 5,000 to \$25,000
- (3) \$25,001 to \$50,000
- (4) More than \$50,000?

-ALTBCB-

If I were to call back later would you be able to provide me with the amount? (This information is especially important for the purposes of this survey.)

- (1) Yes
- (2) No

-ALTA-

As of [last day of reference period], which kinds of assets did you hold in your 401K or thrift plans?
Was your 401K/thrift plan invested in (READ CATEGORIES) -

Enter "N" after last category.

- (1) Certificates of deposit or other saving 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

-ALTAO-

Please specify the Other Assets.

- 1)
- 2)

-ALLI-

As of [last day of reference period], did you have any life insurance? (Include group policies provided by employers.)

- (1) Yes
- (2) No

-ALLIV-

What is the CURRENT FACE VALUE of ALL life insurance policies that you have?

\$_____

-ALLIT-

What types of life insurance do you have - is it "term insurance", "whole life", or do you have both of these types?

- (1) Term only
- (2) Whole life only
- (3) Both types

-ALLIE-

Are any of your life insurance policies provided through your current employer(s)?

- (1) Yes
- (2) No

-ALLIEV-

What is the FACE VALUE of the life insurance policies provided through your employer(s)?

\$ _____

End of the Assets and Liabilities Topical Module

REAL ESTATE, SHELTER COSTS, DEPENDENT CARE AND VEHICLES TOPICAL MODULE

SIPP 1996 Wave 3

Real Estate, Shelter Costs, Dependent Care and Vehicles Topical Module

-REINTRO-

The next questions are about housing costs
and automobile ownership.

PRESS ENTER TO CONTINUE

-REMOBHO-

ASK IF NOT APPARENT:

Is this residence a mobile home?

(1) Yes

(2) No

-HOWNER-

Which persons in this household are the owners of this home?

ENTER LINE NUMBER OF PERSON(S) IN HOUSEHOLD WHO OWN HOME. ENTER (N)
FOR NONE/NO MORE

-HBUY-

When was this home purchased?

MONTH: _____

YEAR: _____

-HMORT-

Is there a mortgage, home equity loan, or other debt on this home?

(Include rental properties attached to or located in the residence.)

(1) Yes

(2) No

-NUMMORT-

Altogether, how many mortgages, home equity loans, or other debts are there on this home?

FR NOTE: If respondent reports "0" enter "N" for None.

_____ Number

(N) None

-MOR1PR-

First Mortgage

How much principal is currently owed on the first mortgage or loan?

(If possible, please check any records you may have from the lender or mortgage company to obtain the most accurate estimate available.)

\$ _____

-MOR1YR-

First Mortgage

In what year was the first mortgage (loan) obtained?

If the mortgage was assumed, report the original date of the mortgage.

YEAR: _____

-MOR1MO-

First Mortgage

And in which month (was the first mortgage obtained)?

Month: _____

-MOR1AMT-

First Mortgage

What was the amount of the mortgage (loan) when it was obtained or last refinanced?

If the mortgage was assumed, give the original amount of the mortgage.

\$ _____

-MOR1YRS-

First Mortgage

What is the total number of years over which payments are to be made?

_____ Number of Years

(N) Not fixed

-MOR1INT-

First Mortgage

What is the current annual interest rate on this mortgage (loan)?

FR INSTRUCTION: ENTER PERCENT FROM 00.00% TO 99.99%

_____ %

-MOR1VAR-

First Mortgage

Is the interest rate variable or fixed?

(Variable interest rates can change over the term of the mortgage or loan.)

(1) Variable interest rate

(2) Fixed interest rate

-MOR1PGM-

First Mortgage

Was this mortgage obtained through an FHA or VA mortgage program?

(1) Yes - FHA LOAN

(2) Yes - VA LOAN

(3) No

-MOR2PR-

Second Mortgage

How much principal is currently owed on the second mortgage or loan?

(If possible, please check any records you may have from the lender or mortgage company to obtain the most accurate estimate available.)

\$ _____

-MOR2YR-

Second Mortgage

In what year was the second mortgage (loan) obtained?

If the mortgage was assumed, report the original date of the mortgage.

ENTER 4 DIGIT YEAR: _____

-MOR2MO-

Second Mortgage

And in which month (was the second mortgage obtained)?

Month: _____

-MOR2AMT-

Second Mortgage

What was the amount of the mortgage (loan) when it was obtained or last refinanced?

If the mortgage was assumed, give the original amount of the mortgage.

\$ _____

-MOR2YRS-

Second Mortgage

What is the total number of years over which payments are to be made?

_____ Number of years

(N) Not fixed

-MOR2INT-

Second Mortgage

What is the current annual interest rate on this mortgage (loan)?

FR INSTRUCTION: ENTER A PERCENT FROM 0.01% TO 99.99%

_____ %

-MOR2VAR-

Second Mortgage

Is the interest rate variable or fixed?

(Variable interest rates can change over the term of the mortgage or loan.)

(1) Variable interest rate

(2) Fixed interest rate

-MOR2PGM-

Second Mortgage

Was this mortgage obtained through an FHA or VA mortgage program?

- (1) Yes - FHA LOAN
- (2) Yes - VA LOAN
- (3) No

-MOR3PR-

Third+ Mortgage

How much principal is currently owed on all the remaining mortgages or loans not reported previously?

(If possible, please check any records you may have from any other lender or mortgage company to obtain the most accurate estimate available.)

\$ _____

-PROPVAL-

What is the current value of this property; that is, how much do you think it would sell for on today's market if it were for sale? (Include rental properties attached to or located in this residence.)

\$ _____

-MHLOAN-

Mobile Home

Is there a mortgage, installment loan, contract to purchase, or other debt on this mobile home or site?

- (1) Yes
- (2) No

-MHTYPE-

Mobile Home

Is this mortgage, contract, or other debt for just the site, or does it also apply to this mobile home?

- (1) Mobile home only
- (2) Site only
- (3) Site and home

-MHPR-

Mobile Home

How much principal is currently owed on all mortgages?

\$_____

-MHVAL-

Mobile Home

How much do you think this mobile home (and site) would sell for today if it were for sale?

\$_____

-HOMEAMT-

How much was this household's (rent/mortgage (loan) payment) last month? Include any condominium or association fees.

FR NOTE: If respondent reports "0" enter "N" for None.

(N) None

\$_____

-UTILS-

How much did this household pay for electricity, gas, basic telephone service, and other utilities last month?

(Other utilities include other fuels and water. Exclude utilities that are part of the mortgage or rent payment.)

FR NOTE: If respondent reports "0" enter "N" for None.

\$ _____

-PERSPAY-

Did more than one of the persons living here pay the (rent/mortgage/loan) and utilities last month?

(1) Yes

(2) No

-PERSPYA-

Which person paid?

ENTER LINE NUMBER OF PERSON WHO PAID

-PERSPY2-

Which persons paid and how much did each pay?

ENTER (N) FOR NO MORE

	Line number	Amount paid last month
Person 1:	_____	_____
Person 2:	_____	_____
Person 3:	_____	_____

-PAYCARE-

Last month, did anyone here pay for the care of a child or a disabled person so that a household member could work, attend training, or look for a job?

(1) Yes

(2) No

-CARECST-

What was the total cost of these care arrangements last month?

\$ _____

-OTHRE-

Other real estate

Does anyone in this household own any other real estate such as a vacation home or undeveloped lot? Exclude rental property previously reported or rental property attached to or located on the same land as your own residence.

(1) Yes

(2) No

-OTHREO-

Other real estate

Which household members own this property?

ENTER LINE NUMBERS OF HOUSEHOLD MEMBERS WHO OWN PROPERTY.

ENTER (N) FOR NONE/NO MORE.

-OTHEREVA-

Other real estate

What is the total value of the equity in this real estate?

FR NOTE: Include the total equity owned by all household members.

(Equity is the amount that could be obtained by selling off the property and paying off any debts.)

\$ _____

-AUTOOWN-

Does anyone in this household own a car, van, or truck, excluding recreational vehicles (RV's) and motorcycles?

FR NOTE: Do not include leased vehicles or company cars as being owned by the respondent.

(1) Yes

(2) No

-AUTONUM-

How many cars, trucks, or vans are owned by members of this household?

FR NOTE: Do not include leased vehicles or company cars as being owned by the respondent.

_____ Number of motor vehicles

-A1OWN-

Vehicle 1: Newest vehicle

Who owns (this vehicle/the newest motor vehicle)?

ENTER LINE NUMBER OF PERSON(S) WHO OWN MOTOR VEHICLE.

ENTER (N) FOR NO MORE.

-A1YEAR-

Vehicle 1: Newest vehicle

What is the model year of this vehicle?

(ENTER 2 DIGIT YEAR)

19____

-A1MAKE-

Vehicle 1:Newest vehicle

What is the make of this vehicle?

- | | |
|----------------------|------------------|
| (01) ACURA | (16) FORD |
| (02) ALFA ROMEO | (17) FORD TRUCK |
| (03) AMERICAN MOTORS | (18) GEO |
| (04) AUDI | (19) GMC TRUCK |
| (05) BMW | (20) HINO |
| (06) BUICK | (21) HONDA |
| (07) CADILLAC | (22) HYUNDAI |
| (08) CHEVROLET | (23) INFINITI |
| (09) CHEVROLET TRUCK | (24) ISUZU |
| (10) CHRYSLER | (25) ISUZU TRUCK |
| (11) CHRYSLER TRUCK | (26) IVECO |
| (12) DAIHATSU | (27) JAGUAR |
| (13) DODGE | (28) JEEP |
| (14) DODGE TRUCK | (29) JEEP TRUCK |
| (15) EAGLE | (30) KIA |

- | | |
|---------------------------------|---------------------|
| (31) LAND ROVER | (46) PLYMOUTH |
| (32) LEXUS | (47) PLYMOUTH TRUCK |
| (33) LINCOLN | (48) PONTIAC |
| (34) MAZDA | (49) PONTIAC TRUCK |
| (35) MERCEDES-BENZ | (50) PORSCHE |
| (36) MERCURY | (51) RANGE ROVER |
| (37) MERCURY TRUCK | (52) SAAB |
| (38) MERKUR | (53) SATURN |
| (39) MITSUBISHI | (54) STERLING |
| (40) MITSUBISHI FUSO | (55) SUBARU |
| (41) NAVISTAR/
INTERNATIONAL | (56) SUZUKI |
| (42) NISSAN | (57) TOYOTA |
| (43) OLDSMOBILE | (58) UD |
| (44) OLDSMOBILE TR | (59) VOLKSWAGON |
| (45) PEUGEOT | (99) OTHER |
| | (99) OTHER MAKE |

-A1OTMKE-

Vehicle 1:Newest vehicle

What is the make of this vehicle?

-A1MODEL-

Vehicle 1: Newest Vehicle

What is the model of this vehicle?

[LIST OF VEHICLE MODELS]}

-A1MODOT-

Vehicle 1: Newest Vehicle

What is the model of this vehicle?

-A1OWED-

Vehicle 1: Newest Vehicle

Is this vehicle owned free and clear, or is there still money owed on it?

- (1) Money owed
- (2) Free and clear

-A1AMT-

Vehicle 1: Newest Vehicle

How much is currently owed for this vehicle?

\$ _____

-A1USE-

Vehicle 1: Newest Vehicle

Is this vehicle used primarily either for business purposes or for the transportation of a disabled person?

- (1) Yes
- (2) No

-A2OWN-

Vehicle 2: Second newest vehicle

Who owns [the other vehicle/the second newest motor vehicle]?

ENTER LINE NUMBER OF PERSON(S) WHO OWN MOTOR VEHICLE.

ENTER (N) FOR NO MORE.

-A2YEAR-

Vehicle 2: Second newest vehicle

What is the model year of this vehicle?

(ENTER 2 DIGIT YEAR)

19__

-A2MAKE-

Vehicle 2: Second newest vehicle

What is the make of this vehicle?

- | | |
|----------------------|------------------|
| (01) ACURA | (16) FORD |
| (02) ALFA ROMEO | (17) FORD TRUCK |
| (03) AMERICAN MOTORS | (18) GEO |
| (04) AUDI | (19) GMC TRUCK |
| (05) BMW | (20) HINO |
| (06) BUICK | (21) HONDA |
| (07) CADILLAC | (22) HYUNDAI |
| (08) CHEVROLET | (23) INFINITI |
| (09) CHEVROLET TRUCK | (24) ISUZU |
| (10) CHRYSLER | (25) ISUZU TRUCK |
| (11) CHRYSLER TRUCK | (26) IVECO |
| (12) DAIHATSU | (27) JAGUAR |
| (13) DODGE | (28) JEEP |
| (14) DODGE TRUCK | (29) JEEP TRUCK |
| (15) EAGLE | (30) KIA |

- | | |
|---------------------------------|---------------------|
| (31) LAND ROVER | (46) PLYMOUTH |
| (32) LEXUS | (47) PLYMOUTH TRUCK |
| (33) LINCOLN | (48) PONTIAC |
| (34) MAZDA | (49) PONTIAC TRUCK |
| (35) MERCEDES-BENZ | (50) PORSCHE |
| (36) MERCURY | (51) RANGE ROVER |
| (37) MERCURY TRUCK | (52) SAAB |
| (38) MERKUR | (53) SATURN |
| (39) MITSUBISHI | (54) STERLING |
| (40) MITSUBISHI FUSO | (55) SUBARU |
| (41) NAVISTAR/
INTERNATIONAL | (56) SUZUKI |
| (42) NISSAN | (57) TOYOTA |
| (43) OLDSMOBILE | (58) UD |
| (44) OLDSMOBILE TRUCK | (59) VOLKSWAGON |
| (45) PEUGEOT | (60) VOLVO |
| | (99) OTHER MAKE |

-A2OTMKE-

Vehicle 2: Second newest vehicle

What is the make of this vehicle?

-A2MODEL-

Vehicle 2: Second newest vehicle

What is the model of this vehicle?

[LIST OF VEHICLE MODELS]

-A2MODOT-

Vehicle 2: Second newest Vehicle

What is the model of this vehicle?

-A2OWED-

Vehicle 2: Second newest vehicle

Is this vehicle owned free and clear, or is there still money owed on it?

- (1) Money owed
- (2) Free and clear

-A2AMT-

Vehicle 2: Second newest vehicle

How much is currently owed for this vehicle?

\$ _____

-A2USE-

Vehicle 2: Second newest vehicle

Is this vehicle used primarily either for business purposes or for the transportation of a disabled person?

- (1) Yes
- (2) No

-A3OWN-

Vehicle 3: Third newest vehicle

Who owns the third newest motor vehicle?

ENTER LINE NUMBER OF PERSON(S) WHO OWNS MOTOR VEHICLE.
ENTER (N) FOR NO MORE.

-A3YEAR-

Vehicle 3: Third newest vehicle

What is the model year of this vehicle?

(ENTER 2 DIGIT YEAR)

19__

-A3MAKE-

Vehicle 3: Third newest vehicle

What is the make of this vehicle?

- | | |
|----------------------|------------------|
| (01) ACURA | (16) FORD |
| (02) ALFA ROMEO | (17) FORD TRUCK |
| (03) AMERICAN MOTORS | (18) GEO |
| (04) AUDI | (19) GMC TRUCK |
| (05) BMW | (20) HINO |
| (06) BUICK | (21) HONDA |
| (07) CADILLAC | (22) HYUNDAI |
| (08) CHEVROLET | (23) INFINITI |
| (09) CHEVROLET TRUCK | (24) ISUZU |
| (10) CHRYSLER | (25) ISUZU TRUCK |
| (11) CHRYSLER TRUCK | (26) IVECO |
| (12) DAIHATSU | (27) JAGUAR |
| (13) DODGE | (28) JEEP |
| (14) DODGE TRUCK | (29) JEEP TRUCK |
| (15) EAGLE | (30) KIA |

- | | |
|---------------------------------|---------------------|
| (31) LAND ROVER | (46) PLYMOUTH |
| (32) LEXUS | (47) PLYMOUTH TRUCK |
| (33) LINCOLN | (48) PONTIAC |
| (34) MAZDA | (49) PONTIAC TRUCK |
| (35) MERCEDES-BENZ | (50) PORSCHE |
| (36) MERCURY | (51) RANGE ROVER |
| (37) MERCURY TRUCK | (52) SAAB |
| (38) MERKUR | (53) SATURN |
| (39) MITSUBISHI | (54) STERLING |
| (40) MITSUBISHI FUSO | (55) SUBARU |
| (41) NAVISTAR/
INTERNATIONAL | (56) SUZUKI |
| (42) NISSAN | (57) TOYOTA |
| (43) OLDSMOBILE | (58) UD |
| (44) OLDSMOBILE TRUCK | (59) VOLKSWAGON |
| (45) PEUGEOT | (60) VOLVO |
| | (99) OTHER MAKE |

-A3OTMKE-

Vehicle 3: Third newest vehicle

What is the make of this vehicle?

-A3MODEL-

Vehicle 3: Third newest vehicle

What is the model of this vehicle?

[LIST OF VEHICLE MODELS]

-A3MODOT-

Vehicle 3: Third newest vehicle

What is the model of this vehicle?

-A3OWED-

Vehicle 3: Third newest vehicle

Is this vehicle owned free and clear, or is there still money owed on it?

- (1) Money owed
- (2) Free and clear

-A3AMT-

Vehicle 3: Third newest vehicle

How much is currently owed for this vehicle?

\$ _____

-A3USE-

Vehicle 3: Third newest vehicle

Is this vehicle used primarily either for business purposes or for the transportation of a disabled person?

- (1) Yes
- (2) No

-OTHVEH-

Does anyone in this household own any other type of vehicle, not used for business, such as a motorcycle, boat, or recreational vehicle (RV)?

- (1) Yes
- (2) No

-OTHVEH2-

Does anyone own:

1=Yes 2=No

- (1) A motorcycle: _____
- (2) A boat: _____
- (3) A recreational vehicle (RV): _____
- (4) Another type of vehicle: _____

-OV1OWN-

Other vehicle 1

Which household members own [a motorcycle/a boat/a recreational vehicle (RV)/another type of vehicle]?

ENTER LINE NUMBER FOR HOUSEHOLD MEMBER(S).
ENTER (N) FOR NO MORE.

-OV1VAL-

Other vehicle 1

If this vehicle were sold, what would it sell for in its present condition?

\$ _____

-OV1OWE-

Other vehicle 1

Is this vehicle owned free and clear, or is there still money owed on it?

- (1) Money owed
- (2) Free and clear

-OV1AMT-

Other vehicle 1

How much is currently owed for this vehicle?

\$ _____

-OV2OWN-

Other vehicle 2

Which household members own [a boat/a recreational vehicle (RV)/another type of vehicle]?

ENTER LINE NUMBER FOR HOUSEHOLD MEMBER(S).

ENTER (N) FOR NO MORE.

-OV2VAL-

Other vehicle 2

If this vehicle were sold, what would it sell for in its present condition?

\$ _____

-OV2OWE-

Other vehicle 2

Is this vehicle owned free and clear, or is there still money owed on it?

(1) Money owed

(2) Free and clear

-OV2AMT-

Other vehicle 2

How much is currently owed for this vehicle?

\$ _____

End of the Real Estate, Shelter Costs, Dependent Care, and Vehicles Topical Module

VALUE OF BUSINESS TOPICAL MODULE
SIPP 1996 Wave 3
Value of Business Topical Module

-ALINTRO-

These next questions concern assets and liabilities.

PRESS ENTER TO CONTINUE

-VBOW-

As of [last day of reference period], what percent of [name of business] did you own?

(Value Between 1% and 100%)

-VBHM-

FR INSTRUCTION:

HAS INFORMATION BELOW ABOUT THE TOTAL VALUE AND TOTAL DEBT FOR [name of business] ALREADY BEEN OBTAINED FROM ANOTHER HOUSEHOLD MEMBER?

(1) Yes

(2) No

-VBVA-

As of [last day of reference period], what was the total value of [business name] before figuring in any debts that might be owed against it?

(N) None

\$ _____

-VBVAES-

Was the value:

- (1) Less than \$1
- (2) Between \$1 and \$1,000
- (3) Between \$1,001 to \$ 10,000
- (4) Between \$ 10,001 to \$100,000
- (5) More than \$100,000?

-VBVACB-

If I were to call back later would you be able to provide me with the amount? (This information is especially important for the purposes of this survey.)

- (1) Yes
- (2) No

-VBDE-

As of [last day of reference period], what was the total debt owed against [name of business]?

(N) None

\$_____

-VBDEES-

Was the debt:

- (1) Less than \$1
- (2) Between \$1 to \$1,000
- (3) Between \$1,001 to \$10,000
- (4) Between \$ 10,001 to \$100,000
- (5) More than \$100,000?

-VBDECB-

If I were to call back later would you be able to provide me with the amount? (This information is especially important for the purposes of this survey.)

(1) Yes

(2) No

End of the Value of Business Topical Module

INTEREST EARNING ACCOUNTS TOPICAL MODULE

SIPP 1996 Wave 3

Interest Earning Accounts Topical Module

-IAJTA-

I recorded earlier that you owned these assets jointly with your (wife/husband):

LIST OF ASSET(S) PROVIDED

As of [last day of reference period], what was the total amount that you and your (wife/husband) had in these jointly held accounts?

(N) None

\$ _____

-IAJTAE-

Was it -

- (1) Less than \$500
- (2) \$500 to \$1,000
- (3) \$1,001 to \$5,000
- (4) More than \$5,000

-IAITA-

Earlier I recorded that you owned the following assets in your own name:

LIST OF ASSET(S) PROVIDED

As of [last day of reference period], what was the total amount that you had in these accounts?

(N) None

\$ _____

-IAITAE-

Was it -

- (1) Less than \$500
- (2) \$500 to \$1,000
- (3) \$1,001 to \$5,000
- (4) More than \$5,000?

-IMJA-

I recorded earlier that you and your spouse jointly owned:

LIST OF ASSET(S) PROVIDED

As of [last day of reference period], what was the total amount that you and your (wife/husband) had in these jointly held accounts?

(N) None

\$ _____

-IMJAE-

Was it -

- (1) Less than \$1,000
- (2) \$1,000 to \$5,000
- (3) \$5,001 to \$10,000
- (4) More than \$10,000?

-IMIA-

Earlier you told me that you owned in your own name:

LIST OF ASSET(S) PROVIDED

As of [last day of reference period], what was the total amount that you held in these accounts?

(N) None

\$ _____

-IMIAE-

Was it -

(1) Less than \$1,000

(2) \$1,000 to \$5,000

(3) \$5,001 TO \$10,000

(4) More than \$10,000?

End of Interest Earning Accounts Topical Module

RENTAL PROPERTY TOPICAL MODULE

SIPP 1996 Wave 3

Rental Properties Topical Module

-RJOWN-

I recorded earlier that you owned rental property with you (wife/husband).

Did you and your (wife/husband) own rental property as of [last day of reference period]?

(1) Yes

(2) No

-RJNUM-

How many properties did you own jointly with your (wife/husband) as of [last day of reference period]?

(01 to 99)

-RJTYP-

What type of properties were they?

(Mark all that apply.)

(Mark "N" for "No More" when finished.)

(1) Vacation home

(2) Other residential property

(3) Farm property

(4) Commercial property

(5) Equipment

(6) Other

-RJTYPO-

Please specify the type of property.

-RJAT-

Were any of these properties attached to or located on the same land as your own residence?

(1) Yes

(2) No

-RJATA-

FR Instruction: Please ask or verify.

Were all of these properties attached to or located on the same land as your own residence?

(1) Yes

(2) No

-RJMV-

Excluding properties attached to or located on your own residence, what was the total market value of the rental properties as of [last day of reference period]?

\$ _____

-RJMVE-

Was it -

(1) Less than \$25,000

(2) \$25,000 to \$75,000

(3) \$75,001 to \$100,000

(4) More than \$100,000

-RJMVCB-

If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)

(1) Yes

(2) No

-RJDEB-

Excluding properties attached to or located on your own residence, was there a mortgage, deed of trust, or other debt on the properties as of [last day of reference period]?

- (1) Yes
- (2) No

-RJPRI-

As of [last day of reference period], how much principal was owed on the properties?

(N) None

\$ _____

-RJPRIE-

Was it -

- (1) Less than \$25,000
- (2) \$25,000 to \$50,000
- (3) \$50,001 to \$100,000
- (4) More than \$100,000

-RIOWN-

I recorded earlier that you owned rental property in your own name.

Did you own any rental property in your own name as of [last day of reference period]?

- (1) Yes
- (2) No

-RINUM-

How many properties did you own in your OWN name as of [last day of reference period]?

-RITYPE-

What type of properties were they ?

(Mark all that apply.)

(Mark "N" for "No More" when finished.)

- (1) Vacation home
- (2) Other residential property
- (3) Farm property
- (4) Commercial property
- (5) Equipment
- (6) Other

-RITYPO-

Please specify the type of property.

-RIAT-

Were any of these properties attached to or located on the same land as your own residence?

- (1) Yes
- (2) No

-RIATA-

FR Instruction: Ask or verify.

Were all of these properties attached to or located on the same land as your own residence?

- (1) Yes
- (2) No

-RIMV-

Excluding properties attached to or located on your own residence, what was the total market value of the rental properties as of [last day of reference period]?

\$_____

-RIMVE-

Was it -

- (1) Less than \$25,000
- (2) \$25,000 to \$75,000
- (3) \$75,001 to \$100,000
- (4) More than \$100,000

-RIMVCB-

If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)

- (1) Yes
- (2) No

-RIDEB-

Excluding properties attached to or located on your own residence, was there a mortgage, deed of trust, or other debt on the properties as of [last day of reference period]?

- (1) Yes
- (2) No

-RIPRI-

As of [last day of reference period], how much principal was owed on the properties ?

(N) None

\$ _____

-RIPRIE-

Was it -

- (1) Less than \$25,000
- (2) \$25,000 to \$50,000
- (3) \$50,001 to \$100,000
- (4) More than \$100,000

-RTOWN-

I recorded earlier that you owned rental property jointly with other people besides your (wife/husband).

Did you own any rental property jointly with others besides your (wife/husband) as of [last day of reference period]?

- (1) Yes
- (2) No

-RTNUM-

How many properties did you own jointly with others as of [last day of reference period]?

-RTTYP-

What type of properties were they?

(Mark all that apply)
(Mark "N" for "No More")

- (1) Vacation home
- (2) Other residential property
- (3) Farm property
- (4) Commercial property
- (5) Equipment
- (6) Other

-RTTYPO-

Please specify the type of property.

-RTAT-

Were any of these properties attached to or located on the same land as your own residence?

- (1) Yes
- (2) No

-RTATA-

FR Instruction: Ask or verify.

Were all of these properties attached to or located on the same land as your own residence?

(1) Yes

(2) No

-RTMV-

Excluding properties attached to or located on your own residence, what was the total market value of the rental properties as of [last day of reference period]?

\$ _____

-RTDEB-

Excluding properties attached to or located on your own residence, was there a mortgage, deed of trust, or other debt on the properties as of [last day of reference period]?

(1) Yes

(2) No

-RTPRI-

As of [last day of reference period], how much principal was owed on the properties?

(N) None

\$ _____

-RTSHA-

Excluding properties attached to or located on your own residence, what was the total value of your share of equity in the rental properties owned jointly with others as of [last day of reference period]?

("Equity" is the total market value of the property, less any debts held against it.)

(N) None

\$ _____

-RTSHAE-

Was it -

- (1) Less than \$25,000
- (2) \$25,000 to \$75,000
- (3) \$75,001 to \$100,000
- (4) More than \$100,000

-RTSHACB-

If I were to call back later would you be able to provide me with an estimate of your share of the equity in the properties ? (This information is especially important for the purposes of this survey.)

- (1) Yes
- (2) No

End of the Rental Property Topical Module

STOCK AND MUTUAL FUND SHARES TOPICAL MODULE
SIPP 1996 Wave 3
Stock and Mutual Fund Shares Topical Module

-SMJM-

I recorded earlier that you owned mutual funds.

Did you own any of these funds jointly with your (wife/husband) as of [last day of reference period]?

(1) Yes

(2) No

-SMJS-

I recorded earlier that you owned stocks.

Did you own any of these stocks jointly with your (wife/husband) as of [last day of reference period]?

(1) Yes

(2) No

-SMJV-

As of [last day of reference period], what was the market value of the Mutual Funds and Stocks held jointly by you and your spouse?

(Exclude stock in own corporation if the value of that corporation was already obtained.)

(N) None

\$ _____

-SMJVE-

Was it -

(1) Less than \$1,000

(2) \$1,000 to \$10,000

(3) \$10,001 to \$25,000

(4) More than \$25,000?

-SMJVCB-

If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)

(1) Yes

(2) No

-SMJMA-

Was any debt or margin account held against these jointly held mutual funds or stocks as of [last day of reference period]?

(1) Yes

(2) No

-SMJMAV-

As of [last day of reference period], what was the amount of the debt or margin account?

(N) None

\$_____

-SMI-

I recorded earlier that you owned mutual funds and stocks.

Besides the stocks or mutual fund shares held jointly with your (wife/husband), did you hold any other stocks or mutual fund shares in your own name as of [last day of reference period]?

(1) Yes

(2) No

-SMIV-

As of [last day of reference period], what was the market value of the stocks and mutual fund shares owned in your own name?

(Exclude stock in own corporation if value of that corporation was already obtained.)

(N) None

\$ _____

-SMIVE-

Was it -

- (1) Less than \$1,000
- (2) \$1,000 to \$10,000
- (3) \$10,001 to \$25,000
- (4) More than \$25,000

-SMIVCB-

If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)

- (1) Yes
- (2) No

-SMIMA-

Did you have a debt or margin account held against these stocks or mutual funds as of [last day of reference period]?

- (1) Yes
- (2) No

-SMIMAV-

As of [last day of reference period], what was the amount of the debt or margin account?

(N) None

\$ _____

End of the Stocks and Mutual Fund Shares Topical Module

MORTGAGES TOPICAL MODULE

SIPP 1996 Wave 3

Mortgages Topical Module

-MJP-

I recorded earlier that you jointly held a mortgage with your (wife/husband).

As of [last day of reference period], how much principal was owed to you and your (wife/husband) on this mortgage?

(Include principal for all mortgages jointly held.)

(N) None

\$ _____

-MJPE-

Was it -

- (1) Less than \$10,000
- (2) \$10,000 to \$25,000
- (3) \$25,001 to \$50,000
- (4) Over \$50,000

-MIPRINE-

I recorded earlier that you held a mortgage in your own name.

As of [last day of reference period], how much principal was owed to you on this mortgage or these mortgages?

(Include principal for all mortgages held.)

(N) None

\$ _____

-MIPE-

Was it -

- (1) Less than \$10,000
 - (2) \$10,000 to \$25,000
 - (3) \$25,001 to \$50,000
 - (4) Over \$50,000
-

End of Mortgages Topical Module

OTHER ASSETS TOPICAL MODULE

SIPP 1996 Wave 3

Other Assets Topical Module

-OAEQ-

Earlier you reported owning other financial investments:

As of [last day of reference period], what was your equity in these investments?

(Equity is the total market value of the property, less any debts held against it. If the investment is jointly owned, count only your share of equity.)

(N) None

\$ _____

-OAEQE-

Was it -

- (1) Less than \$1,000
 - (2) \$1,000 to \$10,000
 - (3) \$10,001 to \$25,000
 - (4) More than \$25,000?
-

End of Other Assets Topical Module