

**APPENDIX A**

2001 SIPP WAVE 1 TOPICAL MODULE QUESTIONNAIRE

Table of Contents

A. Recipiency History Topical Module ..... 1

B. Employment History Topical Module ..... 5

**Section A. Reciprocity History Topical Module**

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-CURFS-

Besides the food stamps you received during the last four months, have there been any other times when you were authorized to receive food stamps?

- (1) Yes
- (2) No

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-APLFS-

Have you ever applied for the Federal Government's Food Stamp Program?

- (1) Yes
- (2) No

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-RECVFS-

Have you EVER been authorized to receive food stamps?

- (1) Yes
- (2) No

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-FSWHEN-

When did you first start receiving food stamps?

MONTH: \_\_\_\_  
YEAR: \_\_\_\_

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-TMFSLONG-

When did you last receive food stamps?

MONTH: \_\_\_\_  
YEAR: \_\_\_\_

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-TMFSTIME-

How many times in all have there been when you received food stamps?

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-CURADC-

Besides the public assistance such as AFDC, TANF or [state's name public assistance] received during the last four months, have there been any other times when you were authorized to receive public assistance?

- (1) Yes
  - (2) No
- 

-APLAFDC-

Have you EVER applied for public assistance such as AFDC, TANF or [state's name public assistance]?

- (1) Yes
  - (2) No
- 

-RECVAFDC-

Have you EVER received any public assistance benefits such as AFDC, TANF or [state's name public assistance]?

- (1) Yes
  - (2) No
- 

-AFDCWHEN-

When did you first start receiving public assistance benefits such as AFDC, TANF or [state's name public assistance]?

MONTH: \_\_\_\_  
YEAR: \_\_\_\_

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-TMAFDCLG-

When did you last receive public assistance such as AFDC, TANF or [state's name public assistance]?

MONTH: \_\_\_\_

YEAR: \_\_\_\_

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-AFDCTIME-

How many times in all have there been when you received public assistance such as AFDC, TANF or [state's name public assistance]?

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-CURSSI-

Besides the Supplemental Security Income you received during the last four months, have there been any other times when you were authorized to receive Supplemental Security Income benefits?

(1) Yes

(2) No

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-APLSSI-

Have you EVER applied for benefits from the program called SSI or Supplemental Security Income?

(1) Yes

(2) No

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-RECVSSI-

Have you EVER received SSI benefits?

(1) Yes

(2) No

---

-SSIWHEN-

When did you first start receiving SSI benefits?

MONTH: \_\_\_\_

YEAR: \_\_\_\_

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-TMSSILNG-

When did you last receive SSI?

MONTH: \_\_\_\_

YEAR: \_\_\_\_

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End of Recipency History Topical Module

**Section B. Employment History Topical Module**

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-EMPHINTRO-

Now I have some questions about your previous jobs or businesses.

PRESS ENTER TO CONTINUE

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-LSTWRKY1-

In what year did you last work at a paid job or business?

ENTER (N) FOR NEVER WORKED

YEAR: \_\_\_\_

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-LSTWRKM1-

In what month was that?

MONTH: \_\_\_\_

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-PRVJOBYR-

Before [reference month 1], in what year did you last work at a paid job or business?

ENTER (N) FOR NEVER WORKED AT ANOTHER JOB/BUSINESS

YEAR: \_\_\_\_

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-PRVJOBMN-

In what month was that?

MONTH: \_\_\_\_

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-FRMRYR-

In what year did you START that job or business?

YEAR: \_\_\_\_\_

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-FRMRMN-

In what month was that?

MONTH: \_\_\_\_\_

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-SIXMTHYR-

How old were you when you FIRST worked 6 straight months at some job or business?

IF THE RESPONDENT PROVIDES AN AGE, ENTER THE RESPONSE IN THE "AGE" SPACE; IF THE RESPONDENT PREFERS TO ANSWER IN TERMS OF A CALENDAR YEAR, ENTER THE YEAR (THAT IS, 19--) IN THE "YEAR" SPACE. PRESS ENTER TO MOVE TO "YEAR" SPACE.) WE ARE ONLY INTERESTED IN WORK AFTER AGE 15. ENTER AN AGE OR YEAR AFTER THE RESPONDENT TURNED 15.

ENTER (N) FOR NEVER WORKED MORE THAN 6 STRAIGHT MONTHS AT A JOB OR BUSINESS

AGE: \_\_\_\_\_ OR YEAR: \_\_\_\_\_

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-YRSIXMTH-

That would be around [calculated month/year]. Is that correct?

- (1) Yes
  - (2) No
- 

-SXMTHYR2-

I'm sorry. What year was it?

YEAR: \_\_\_\_\_

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-NO6REASN-

What is the main reason you never worked at a paid job or business?

- (1) Taking care of a minor child
- (2) Taking care of an elderly family member
- (3) Taking care of a disabled but non-elderly family member
- (4) Other family or home responsibilities
- (5) Own illness or disability
- (6) Could not find work
- (7) Did not want to work
- (8) Going to school
- (9) Other

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-YRSINCE-

Did you work at least 6 straight months during each year?

- (1) Yes
- (2) No

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-YRSINCE2-

There have been [#] years since [calculated month/year].  
In how many of those [#] years did you NOT work 6 straight months?

ENTER NUMBER OF YEARS OR (A) FOR ALL

NUMBER OF YEARS: \_\_\_\_\_

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-WRK35HR-

During the time you have worked, have you generally worked 35 or more hours per week?

- (1) Yes
  - (2) No
-

-OFF6MTH-

Since [calculated month/year] have there been any periods lasting 6 months or longer when you did not work at a paid job or business because you were taking care of a child, an elderly person, or a disabled person?

- (1) Yes
- (2) No

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-NOWRKSPL-

When was the MOST RECENT time period that this happened?  
Please report the beginning and ending years of the period.

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

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-NWRESN-

(ASK OR VERIFY)

At that time which ONE of the following were you taking care of ...?

READ ALL ANSWERS. ENTER ONLY ONE RESPONSE.

- (1) A minor child
- (2) An elderly family member
- (3) A disabled but non-elderly family member

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-OTHTIMES-

Since [calculated month/year] were there any other periods of 6 months or longer when you did not work at a paid job or business because you were taking care of a child, an elderly person, or a disabled person?

- (1) Yes
- (2) No

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-CNTOTHR-

How many other times did this happen?

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-FRSTYR-

When was the first time that this happened?

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

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-FRSTRSN-

(ASK OR VERIFY)

At that time which ONE of the following were you taking care of ...?

READ ALL ANSWERS. ENTER ONLY ONE RESPONSE.

- (1) A minor child
  - (2) An elderly family member
  - (3) A disabled but non-elderly family member
-