

## Work Disability History Topical Module

SIPP 2001 Panel Wave 2  
Work Disability History Topical Module

-LMTVER-

We have recorded that your health or condition limits the kind or amount of work you can do. Is that correct?

- (1) Yes
- (2) No

---

-LMTWHEN-

When did you become limited in the kind or amount of work you could do at a job?

(B) Person became limited BEFORE person became 16 years old

- (1) January    (5) May        (9) September
- (2) February   (6) June       (10) October
- (3) March      (7) July       (11) November
- (4) April      (8) August    (12) December

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

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

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-LMTWHENPROB-

You said you became limited in the kind or amount of work in (month and year from previous question). Is that correct?

- (M) Need to change MONTH Person BECAME LIMITED in kind or amount of work that person could do
  - (Y) Need to change YEAR Person BECAME LIMITED in kind or amount of work that person could do
  - (Z) Cannot reconcile the dates
-

-LMTEMP-

Were you employed at the time your work limitation began?

- (1) Yes
- (2) No

---

-WKBLMT-

When was the last time you worked before your work limitation began?

(N) Had NEVER BEEN EMPLOYED BEFORE work LIMITATION BEGAN

- |              |            |               |
|--------------|------------|---------------|
| (1) January  | (5) May    | (9) September |
| (2) February | (6) June   | (10) October  |
| (3) March    | (7) July   | (11) November |
| (4) April    | (8) August | (12) December |

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

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-WKBLMTPROB-

You said the last time you worked before your work limitation began was (month and year from the previous question). Is that correct?

- (M) Need to change MONTH Person BECAME LIMITED in kind of or amount of work that person could do
- (Y) Need to change YEAR Person BECAME LIMITED in kind or amount of work that person could do
- (Z) Cannot reconcile the dates

---

-MNCOND-

What health condition is the main reason for your work limitation?

**(SHOW FLASHCARD K)**

PRESS "H" FOR LIST OF HEALTH CONDITIONS

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-MNCAUS-

Was this condition caused by an accident or injury?

- (1) Yes
- (2) No

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-MNLOC-

Where did the accident or injury take place?

Was it--**READ ANSWER CATEGORIES LISTED BELOW**

- (1) On the job?
- (2) During service in the Armed Forces?
- (3) In the home?
- (4) Somewhere else?

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-PREVWK-

Does your health or condition prevent you from working at a job or business?

- (1) Yes
- (2) No

---

-PREVBEG-

When did you become unable to work at a job?

(N) Has NEVER been ABLE TO WORK at a job

- |              |            |               |
|--------------|------------|---------------|
| (1) January  | (5) May    | (9) September |
| (2) February | (6) June   | (10) October  |
| (3) March    | (7) July   | (11) November |
| (4) April    | (8) August | (12) December |

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

-NOWFPT-

Are you now able to work at a full-time job or are you only able to work part-time?

- (1) Full-time
  - (2) Part-time
  - (3) Not able to work
- 

-NOWOCC-

Are you now able to work regularly or are you only able to work occasionally or irregularly?

- (1) Regularly
  - (2) Only occasionally or irregularly
  - (3) Not able to work
- 

-NOWSAME-

Are you now able to do the same kind of work you did before your work limitation began?

- (1) Yes, able to do same kind of work
  - (2) No, not able to do same kind of work
  - (3) Did not work before limitation began
- 

End of Work Disability History Topical Module

# Education and Training History Topical Module

SIPP 2001 Panel Wave 2  
Education and Training History Topical Module

-TMED01-

This next section of questions is about any education and work training you may have received in your life.

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-ATTAIN-

I have no educational attainment recorded for you. What is the highest level of school you have completed or the highest degree you have received?  
(SHOW FLASHCARD B)

- (31) Less than 1st grade
- (32) 1st,2nd,3rd or 4th grade
- (33) 5th or 6th grade
- (34) 7th or 8th grade
- (35) 9th grade
- (36) 10th grade
- (37) 11th grade
- (38) 12th grade, no diploma
- (39) HIGH SCHOOL GRADUATE - high school DIPLOMA or equivalent (For example: GED)
- (40) Some college but no degree
- (41) Diploma or certificate from a vocational, technical, trade or business school beyond the High School level
- (42) Associate degree in college - Occupational/vocational program
- (43) Associate degree in college - Academic program
- (44) Bachelors degree (For example: BA, AB, BS)
- (45) Master's degree (For example: MA, MS, MEng, MEd, MSW, MBA)
- (46) Professional School Degree (For example: MD,DDS,DVM,LLB,JD)
- (47) Doctorate degree (For example: PhD, EdD)

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-ADVNCYR-

In what year did you receive your (highest reported degree/diploma)?

FILL in year: \_\_\_\_\_

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-ADVNCFLD-

In what field of study did you receive that degree?

(SHOW FLASHCARD L)

- |                                       |   |
|---------------------------------------|---|
| (1) Agriculture/forestry              | (11) Liberal Arts/Humanities                    |
| (2) Art/Architecture                  | (12) Math/Statistics                            |
| (3) Business/Management               | (13) Medicine/Dentistry                         |
| (4) Communications                    | (14) Natural Sciences (Biological and Physical) |
| (5) Computer and Information Sciences | (15) Nursing/Pharmacy/Public Health             |
| (6) Education                         | (16) Philosophy/Religion/Theology               |
| (7) Engineering                       | (17) Psychology                                 |
| (8) English/Literature                | (18) Social Sciences/History                    |
| (9) Foreign Languages                 | (19) Other                                      |
| (10) Law                              |   |

---

-ADVNCOTH-

Please specify the other field of study:

\_\_\_\_\_

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-BACHYR-

In what calendar year did you receive your Bachelor's degree?

FILL in year: \_\_\_\_\_

---

-PSYR-

In what calendar year did you receive your degree?

FILL in year: \_\_\_\_\_

---

-VOCFLD-

In what field of study did you receive that diploma or certificate?

(SHOW FLASHCARD M)

- |  |   |
|--|---|
| (1) Agriculture/Forestry/Horticulture  | (11) Health Care                                    |
| (2) Auto Mechanics                     | (12) Home Economics                                 |
| (3) Aviation                           | (13) Hotel and Restaurant Management                |
| (4) Business/Office Management         | (14) Marketing and Distribution                     |
| (5) Computers and Information Sciences | (15) Metal Working                                  |
| (6) Construction Trades                | (16) Police/Protective Services                     |
| (7) Cosmetology                        | (17) Refrigeration, Heating, or Air<br>Conditioning |
| (8) Drafting                           | (18) Transportation and Materials Moving            |
| (9) Electronics                        | (19) Other  |
| (10) Food Service                      |   |

---

-VOCOTH-

Please specify the field of study:

\_\_\_\_\_

---

-ASSOCFLD-

In what field of study did you receive your associate degree?

(SHOW FLASHCARD N)

- (1) Agriculture/Forestry/Horticulture
- (2) Business/Office Management
- (3) Communications
- (4) Computer and Information Sciences
- (5) Education
- (6) Engineering/Drafting
- (7) Health Sciences
- (8) Liberal Arts/Humanities
- (9) Natural Sciences (Biological and Physical)
- (10) Police and Protective Services
- (11) Social Sciences/History
- (12) Visual and Commercial Arts
- (13) Other Vocational/Technical Studies
- (14) Other

-ASSOCOTH-

Please specify the field of study:

\_\_\_\_\_

---

-BACHFLD-

In what field of study did you receive your bachelor's degree?

(SHOW FLASHCARD O)

- |                                       |   |
|---------------------------------------|---|
| (1) Agriculture/Forestry              | (11) Liberal Arts/Humanities                    |
| (2) Art/Architecture                  | (12) Math/Statistics                            |
| (3) Business/Management               | (13) Natural Sciences (Biological and Physical) |
| (4) Communications                    | (14) Philosophy/Religion/Theology               |
| (5) Computer and Information Sciences | (15) Pre-Professional                           |
| (6) Education                         | (16) Psychology                                 |
| (7) Engineering                       | (17) Social Sciences/History                    |
| (8) English/Literature                | (18) Other                                      |
| (9) Foreign Language Studies          |   |
| (10) Health Sciences                  |   |

---

-BACHOTH-

Please specify this field of study:

\_\_\_\_\_

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-LASTCOLL-

In what calendar year were you last enrolled in college or other post-secondary institution?

FILL in year: \_\_\_\_\_

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-COLLSTRT-

In what calendar year did you first attend a college, a university, or a technical, business, or vocational school beyond high school?

FILL in year: \_\_\_\_\_

-CONTENRL-

Not counting the summer and winter breaks between semesters/quarters, were you enrolled continuously from the start of college in [year] to bachelor's degree attainment in [year]?

- (1) Yes
- (2) No

---

-HSYR-

In what calendar year did you receive a high school diploma?

FILL in year:\_\_\_\_\_

---

-GED-

Did you complete high school by means of a GED or any other type of Equivalency test?

- (1) Yes
- (2) No

---

-LASTSCHL-

When did you last attend a regular elementary or high school?

- (C) Currently attending
- (N) Never attended

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

---

-EDDATES-

I have recorded that you:

[List of education dates]

Are all of these dates correct?

- (1) Yes
  - (2) No
-

-PUBHS-

Was the high school that you attended public or private?

- (1) Public
- (2) Private
- (3) Did not attend high school

---

-COURSES-

Which of the following subjects did you take at least 2 years of in high school?

(MARK ALL THAT APPLY; ENTER "N" AFTER LAST ENTRY)  
(SHOW FLASHCARD P)

- (1) Two or more years of advanced math (trigonometry, advanced algebra, calculus)
- (2) Two or more years of advanced science (biology, chemistry, physics)
- (3) Two or more years of English composition or literature
- (4) Two or more years of a foreign language
- (5) Two or more years of industrial arts, shop, or home economics
- (6) Two or more years of business courses (bookkeeping, shorthand, secretarial typing)
- (7) Two or more years of fine arts (drama, music, art)

---

-PROGRAM-

What kind of high school program did you follow --- was it:

- (1) Academic or college preparatory
- (2) Vocational
- (3) Business
- (4) General
- (5) Other

---

-TMWKT01-

Apart from high school or college, many persons also receive work-related training. There are two kinds of work-related training. One kind helps persons search for or be trained for a new job; a second type helps improve skills in their current job.

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-RCVTRN1-

In the past twelve months, have you received any training intended to help search for or train for a new job?

- (1) Yes
- (2) No

---

-NUMTRN1-

How many different training activities of this type, lasting one hour or more, did you participate in during the past year?

\_\_\_\_\_

---

-TRN1TIME-

How long did the most recent training of this type take?

- (1) Less than 1 full day
- (2) 1 Day to 1 Week
- (3) More than 1 Week
- (4) Currently in training

---

-WEEKT1-

How many weeks?

NUMBER OF WEEKS: \_\_\_\_\_

---

-INTRN1-

How long is this training expected to take?

- (1) Less than 1 full day
- (2) 1 Day to 1 Week
- (3) More than 1 Week

-WHOTRN1-

Who sponsored or paid for your most recent training?

- (1) Federal, state, or local government program
- (2) Self or family
- (3) Current or previous employer
- (4) Other

---

-OTHTRN1-

Please specify who sponsored or paid for this training:

\_\_\_\_\_

---

-GOVTRN1-

Was your most recent training sponsored by any of the following programs?

(READ ALL RESPONSES; MARK ONLY ONE)

- (1) Job Training Partnership Act (JTPA)
- (2) Job Opportunities and Basic Skills (JOBS) or Work Incentive Program (WIN)
- (3) Food Stamps work program
- (4) Other program sponsored by the welfare program or AFDC
- (5) Veteran's training programs

---

-LCTNTRN1-

Where did you receive this most recent training?

- (1) Business, technical, or vocational school
- (2) High school
- (3) Two-year or community college
- (4) Four-year college or university
- (5) At current or previous employer's place of work
- (6) Correspondence course
- (7) Sheltered workshop
- (8) Vocational rehabilitation center
- (9) Other

-LCTNOTH1-

Please specify where this most recent work training was received:

\_\_\_\_\_

---

-TYPETRN1-

What was this most recent work training designed to accomplish?

(MARK ONLY ONE)

(1) To help you in looking for a job (for example, résumé preparation, job search techniques, interviewing skills)

(2) To teach you skills for a specific job or career (for example, mechanic, electrician, computer operator)

---

-JOBATRN1-

Did you use this training to get your job?

(1) Yes

(2) No

---

-NWATRN1-

Have you been using this training to search for a job?

(1) Yes

(2) No

---

-JOBTRN1-

Was this training on his job?

(1) Yes

(2) No

---

-NWBTRN1-

Have you been looking for work that will utilize this training?

- (1) Yes
- (2) No

---

-RCVTRN2-

During the past year, have you received any of the kind of training intended to improve skills in one's current or most recent job?

- (1) Yes
- (2) No

---

-NUMTRN2-

How many different training activities of this type, lasting one hour or more, did you participate in during the past year?

---

-TRN2TIME-

How long did the most recent training of this type take?

CODE ANSWER IN ACTUAL AMOUNT OF TIME SPENT IN TRAINING.

- (1) Less than 1 full day
- (2) 1 Day to 1 Week
- (3) More than 1 Week
- (4) Currently in training

---

-WEEKT2-

How many weeks?

NUMBER OF WEEKS: \_\_\_\_\_

---

-INTRN2-

How long is this training expected to take?

CODE ANSWER IN ACTUAL AMOUNT OF TIME TRAINING IS EXPECTED TO TAKE.

- (1) Less than 1 full day
- (2) 1 Day to 1 Week
- (3) More than 1 Week

---

-WHOTRN2-

Who sponsored or paid for your most recent training?

- (1) Federal, state, or local government program (NOT employer)
- (2) Self or family
- (3) Current or previous employer
- (4) Other

---

-OTHTRN2-

Please specify who sponsored or paid for this training:

\_\_\_\_\_

---

-GOVTRN2-

Was your most recent training sponsored by any of the following programs?

(READ ALL RESPONSES; MARK ONLY ONE)

- (1) Job Training Partnership Act (JTPA)
  - (2) Job Opportunities and Basic Skills (JOBS) or Work Incentive Program (WIN)
  - (3) Food Stamps work program
  - (4) Other program sponsored by the welfare program or AFDC
  - (5) Veteran's training programs
  - (6) No - not sponsored by any of the above
-

-LCTNTRN2-

Where did you receive this most recent training?

- (1) On the job - taught by someone from the organization
- (2) On the job - taught by someone outside the organization
- (3) Away from the job
- (4) Other

---

-LCTNOTH2-

Please specify where this most recent training was received:

\_\_\_\_\_

---

-TYPETRN2-

What was this most recent training designed to accomplish?

(SHOW FLASHCARD Q)

(MARK ALL THAT APPLY. ENTER "N" AFTER LAST ENTRY.)

Was it designed to:

- (1) Teach basic job skills such as office automation software, effective work habits, or quality management practices
- (2) Teach new skills to use equipment, machinery, or technical procedures
- (3) Upgrade skills or knowledge on a topic you already knew
- (4) Introduce organizational policies, guidelines or requirements
- (5) Prepare for another job or assignment within the organization
- (6) Prepare for another job or assignment outside the organization
- (7) Other

---

-TYPEOTH2-

Please specify what this training was designed to accomplish:

\_\_\_\_\_

---

-JOBTRN2-

Have you used this training on your current job?

- (1) Yes
- (2) No

-NWTRN2-

Did you use this training on the job you held at that time?

(1) Yes

(2) No

---

-RCVTRN10-

During the past ten years, have you received either kind of work-related training?

(1) Yes

(2) No

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End of Education and Training History Topical Module

## Marital History Topical Module

SIPP 2001 Panel Wave 2  
Marital History Topical Module

-MHINTR-

Now I would like to ask a few questions about your marital history.

---

-MSCHK-

ASK IF NECESSARY

I'd like to verify your current marital status.

(Respondent's first and last name)

Marital Status: (Respondent's marital status)

Spouse: (Name of respondent's spouse)

Is this information correct?

- (1) Yes, information is correct
- (2) No, marital status and name of spouse are incorrect
- (3) No, marital status is incorrect
- (4) No, name of spouse is incorrect

---

-TMMS-

What is your current marital status?

- (1) Married, spouse present
- (2) Married, spouse absent
- (3) Widowed
- (4) Divorced
- (5) Separated
- (6) Never married

---

-TMSP-

DO NOT READ

ENTER THE LINE NUMBER OF (respondent's first and last name)'s SPOUSE

ASK IF NECESSARY

(N) Spouse is not listed below

---

-XMAR-

How many times have you been married?

- (1) 1
- (2) 2
- (3) 3
- (4) 4+

---

-DATE0-

In what month and year did you get married?

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

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

---

-DATE1-

In what month and year did you get married for the first time?

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

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

---

-WIDIV1-

Did your first marriage end in widowhood or divorce?

- (1) Widowhood
- (2) Divorce

---

-WIDYR1-

In what month and year were you widowed?

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

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

---

-DIVYR1-

In what month and year were you divorced?

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

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

---

-STOP1-

In what month and year did you actually stop living with your first spouse?

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

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

---

-DATE2-

In what month and year did you get married for the second time?

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

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

---

-WIDIV2-

Did your second marriage end in widowhood or divorce?

(1) Widowhood

(2) Divorce

---

-WIDYR2-

In what month and year were you widowed?

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

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

---

-DIVYR2-

In what month and year were you divorced?

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

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

---

-STOP2-

In what month and year did you actually stop living with your second spouse?

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

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

---

-DATER-

In what month and year did you get married most recently?

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

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

---

-WIDYRR-

In what month and year were you widowed?

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

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

---

-DIVYRR-

In what month and year were you divorced?

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

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

---

-STOPR1-

When did you actually stop living with your spouse?

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

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

---

-STOPR2-

When did you actually stop living with your last spouse?

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

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

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## Fertility History Topical Module

SIPP 2001 Panel Wave 2  
Fertility History Topical Module

-FHM-

Now I have some questions about the number of children, if any, that you are the parent of.

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-FRCHL-

How many children, if any, are you the biological father of?

NUMBER: \_\_\_\_\_

---

-FRINHH-

How many of your children are currently living with you in this household?

ENTER "0" FOR NONE

---

-MOMCHL-

How many children if any have you ever had?

\_\_\_\_\_

---

-MOMVER-

I have recorded that you are the biological mother of (READ CHILDREN FROM ROSTER).

Is that correct?

- (1) Yes
  - (2) No
- 

-MOMLIVHH-

Are all of the children you ever had living with you in this household?

- (1) Yes
- (2) No

---

-FBBIRTH-

In what month and year was your first child born?

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

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

---

-FBLIVNOW-

With whom does the child live now?

- (1) In this household
  - (2) In his/her own household
  - (3) With his/her own father
  - (4) With his/her own grandparent(s)
  - (5) With an adoptive parent(s)
  - (6) With other relatives
  - (7) In foster care/foster family
  - (8) In an institution (hospital)
  - (9) In school dormitory
  - (10) In correctional facility
  - (11) Deceased
  - (12) Other
- 

-FBLIVOTH-

Specify the other arrangement under which the child now lives.

\_\_\_\_\_

---

-LBBIRTH-

When was your last child born?

VERIFY IF LAST CHILD WAS BORN BEFORE THE FIRST CHILD.

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

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

---

-LBLIVNOW-

With whom does your last child live with now?

- (1) In this household
- (2) In his/her own household
- (3) With his/her own father
- (4) With his/her own grandparent(s)
- (5) With an adoptive parent(s)
- (6) With other relatives
- (7) In foster care/foster family
- (8) In an institution (hospital)
- (9) In school dormitory
- (10) In correctional facility
- (11) Deceased
- (12) Other

---

-LBLIVOTH-

Specify the other arrangement under which the child now lives.

\_\_\_\_\_

---

-BFBCNTWK-

Now we have a few questions about your work history before and after your first child was born.

At any time before your first child was born, did you work for pay for at least 6 straight months?

NOTE TO FR: INCLUDE PART-TIME AND FULL-TIME WORK.

- (1) Yes
- (2) No

-BFBWKPRG-

Did you work for pay at a job at any time during your first pregnancy?

- (1) Yes
- (2) No

---

-BFBPRGFT-

At the last job you held before your first child was born, did you usually work 35 hours or more per week?

- (1) Yes
- (2) No

---

-BFBWRKST-

In what month and year did you stop working before your first child was born?

VERIFY IF SHE DID NOT STOP WORKING UNTIL AFTER THE BIRTH OF HER FIRST BORN CHILD.

- (F) Stopped when you found out you were pregnant.
- (N) Never stopped/worked right up to delivery.

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

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

---

-BFBSTSIT-

Between the time you stopped working and the date your first child was born, did you quit or were you let go from your job, or did you take any paid or unpaid leave?

FR NOTE: PLEASE INCLUDE ANY MATERNITY, SICK, OR VACATION LEAVE. (SHOW FLASHCARD R AND ENTER ALL THAT APPLY. ENTER "N" WHEN DONE.)

- |                            |                                    |
|----------------------------|------------------------------------|
| (1) Quit                   | (9) Unpaid vacation leave          |
| (2) Let go from her job    | (10) Other paid leave              |
| (3) Paid maternity leave   | (11) Other unpaid leave            |
| (4) Unpaid maternity leave | (12) Never stopped working         |
| (5) Paid sick leave        | (13) Self-employed                 |
| (6) Unpaid sick leave      | (14) Employer went out of business |
| (7) Disability leave       | (15) Other circumstances           |
| (8) Paid vacation leave    |                                    |

---

-AFBJBSIT-

Thinking now about the time between your first child's birth and up to 12 weeks after the child was born, what types of leave from this job, if any, did you use?

FR NOTE: PLEASE INCLUDE ANY MATERNITY, SICK, OR VACATION LEAVE. (SHOW FLASHCARD R AND ENTER ALL THAT APPLY. ENTER "N" WHEN DONE.)

- |                            |                                    |
|----------------------------|------------------------------------|
| (1) Quit                   | (9) Unpaid vacation leave          |
| (2) Let go from her job    | (10) Other paid leave              |
| (3) Paid maternity leave   | (11) Other unpaid leave            |
| (4) Unpaid maternity leave | (12) Never stopped working         |
| (5) Paid sick leave        | (13) Self-employed                 |
| (6) Unpaid sick leave      | (14) Employer went out of business |
| (7) Disability leave       | (15) Other circumstances           |
| (8) Paid vacation leave    |                                    |

-AFBWRK-

Did you work for pay at any time after the birth of your first child?

- (1) Yes
- (2) No

---

-AFBWRKBG-

In what month and year did you start to work after the birth of your first child?

VERIFY IF ANSWER IS BEFORE THE CHILD'S BIRTH DATE.

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

---

-AFBWRKFT-

When you first returned to work, did you usually work at this job 35 hours or more per week?

FR NOTE: IF THE RESPONDENT RETURNED TO MORE THAN ONE JOB,  
ANSWER THIS ITEM FOR THE JOB RETURNED TO FIRST.

- (1) Yes
- (2) No

---

-AFBWRKHR-

Did you work at this job about the same, more, or fewer hours per week compared to the last job you held while pregnant?

- (1) About the same hours
  - (2) More hours than the last job
  - (3) Fewer hours than the last job
-

-AFBWRKEM-

Was this job with the same employer you last worked for while pregnant?

- (1) Yes
- (2) No
- (3) Self-Employed
- (4) Employer went out of business

---

-AFBWRKPS-

Was this job at the same level of job skills and responsibility that you last had while pregnant or was it at a greater or lesser level of skill or responsibility?

- (1) About the same
- (2) Greater skill/responsibility level
- (3) Lesser skill/responsibility level

---

-AFBWRKPY-

Was this job at about the same pay rate as the job you last had while pregnant or was it at higher or lower pay rate?

- (1) Same pay rate
- (2) Higher pay rate
- (3) Lower pay rate

---

-AFBWRKSE-

Are you still with the same employer you first worked for after your first child's birth?

- (1) Yes
  - (2) No
-

-AFBFELV-

In what month and year did you leave that employer?

VERIFY IF LEFT DATE IS BEFORE THE START DATE DISPLAYED ABOVE.

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

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

---

-GRNDPR-

Do any of your biological children have any biological or adopted children of their own who are currently living?

(1) Yes

(2) No

---

End of Fertility History Topical Module

## Migration History Topical Module

SIPP 2001 Panel Wave 2  
Migration History Topical Module

-MOVEMOYR-

Now I have some questions about your previous residence and place of birth.

When did you move into this house/apartment/mobile home?

(IF LIVED HERE MORE THAN ONCE, ENTER MONTH AND YEAR OF MOST RECENT MOVE.)

(A) Always lived here

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

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

---

-NOMOVE-

Have you lived here since birth?

(1) Yes

(2) No

---

-STATE-

What state was your previous home in?

(AL) Alabama	(LA) Louisiana	(OK) Oklahoma
(AK) Alaska	(ME) Maine	(OR) Oregon
(AZ) Arizona	(MD) Maryland	(PA) Pennsylvania
(AR) Arkansas	(MA) Massachusetts	(RI) Rhode Island
(CA) California	(MI) Michigan	(SC) South Carolina
(CO) Colorado	(MN) Minnesota	(SD) South Dakota
(CT) Connecticut	(MS) Mississippi	(TN) Tennessee
(DE) Delaware	(MO) Missouri	(TX) Texas
(DC) District of Columbia	(MT) Montana	(UT) Utah
(FL) Florida	(NE) Nebraska	(VT) Vermont
(GA) Georgia	(NV) Nevada	(VA) Virginia
(HI) Hawaii	(NH) New Hampshire	(WA) Washington
(ID) Idaho	(NJ) New Jersey	(WV) West Virginia
(IL) Illinois	(NM) New Mexico	(WI) Wisconsin
(IN) Indiana	(NY) New York	(WY) Wyoming
(IA) Iowa	(NC) North Carolina	(57) United States
(KS) Kansas	(ND) North Dakota	(state unknown)
(KY) Kentucky	(OH) Ohio	(99) NOT IN THE U.S.

---

-SAMCTY-

Was your previous home in this county?

- (1) Yes
  - (2) No
-

-DIFCTR-

What country did you live in before moving here?  
(SHOW FLASHCARD S)

- |                          |                         |                         |
|--------------------------|-------------------------|-------------------------|
| (301) Canada             | (383) Guyana            | (315) Mexico            |
| (206) Cambodia           | (342) Haiti             | (316) Nicaragua         |
| (207) China              | (314) Honduras          | (385) Peru              |
| (379) Colombia           | (209) Hong Kong         | (231) Philippines       |
| (337) Cuba               | (117) Hungary           | (128) Poland            |
| (339) Dominican Republic | (210) India             | (129) Portugal          |
| (380) Ecuador            | (212) Iran              | ( 72) Puerto Rico       |
| (312) El Salvador        | (119) Ireland/Eire      | (192) Russia            |
| (139) England            | (120) Italy             | (140) Scotland          |
| (109) France             | (343) Jamaica           | (238) Taiwan            |
| (110) Germany            | (215) Japan             | (239) Thailand          |
| (116) Greece             | (217) Korea/South Korea | (351) Trinidad & Tobago |
| (313) Guatemala          | (221) Laos              | (242) Vietnam           |

---

-INMOYR-

When did you move into your previous home?

Month: \_\_\_\_ Year: \_\_\_\_

---

-PREVTEN-

Was your previous home --

- (1) Owned or being bought by someone living in that household
  - (2) Rented for cash
  - (3) Occupied without payment of cash rent
-

-MOVEST-

When did you move into this state?

(IF RESPONDENT LIVED IN THIS STATE MORE THAN ONCE, ENTER YEAR OF MOST RECENT MOVE.)

(A) Always lived in this state

Year: \_\_\_\_

---

-BRSTATE-

Where were (you) born?

(AL) Alabama	(LA) Louisiana	(OK) Oklahoma
(AK) Alaska	(ME) Maine	(OR) Oregon
(AZ) Arizona	(MD) Maryland	(PA) Pennsylvania
(AR) Arkansas	(MA) Massachusetts	(RI) Rhode Island
(CA) California	(MI) Michigan	(SC) South Carolina
(CO) Colorado	(MN) Minnesota	(SD) South Dakota
(CT) Connecticut	(MS) Mississippi	(TN) Tennessee
(DE) Delaware	(MO) Missouri	(TX) Texas
(DC) District of Columbia	(MT) Montana	(UT) Utah
(FL) Florida	(NE) Nebraska	(VT) Vermont
(GA) Georgia	(NV) Nevada	(VA) Virginia
(HI) Hawaii	(NH) New Hampshire	(WA) Washington
(ID) Idaho	(NJ) New Jersey	(WV) West Virginia
(IL) Illinois	(NM) New Mexico	(WI) Wisconsin
(IN) Indiana	(NY) New York	(WY) Wyoming
(IA) Iowa	(NC) North Carolina	(57) United States
(KS) Kansas	(ND) North Dakota	(state unknown)
(KY) Kentucky	(OH) Ohio	(99) NOT IN THE U.S.

-BCNTRY-

What country were you born in?  
(SHOW FLASHCARD S)

- |                          |                         |                         |
|--------------------------|-------------------------|-------------------------|
| (301) Canada             | (383) Guyana            | (315) Mexico            |
| (206) Cambodia           | (342) Haiti             | (316) Nicaragua         |
| (207) China              | (314) Honduras          | (385) Peru              |
| (379) Colombia           | (209) Hong Kong         | (231) Philippines       |
| (337) Cuba               | (117) Hungary           | (128) Poland            |
| (339) Dominican Republic | (210) India             | (129) Portugal          |
| (380) Ecuador            | (212) Iran              | ( 72) Puerto Rico       |
| (312) El Salvador        | (119) Ireland/Eire      | (192) Russia            |
| (139) England            | (120) Italy             | (140) Scotland          |
| (109) France             | (343) Jamaica           | (238) Taiwan            |
| (110) Germany            | (215) Japan             | (239) Thailand          |
| (116) Greece             | (217) Korea/South Korea | (351) Trinidad & Tobago |
| (313) Guatemala          | (221) Laos              | (242) Vietnam           |

---

-CITIZEN-

Are you a U.S. citizen?

- (1) Yes
- (2) No

---

-NATCIT-

Are you a citizen through naturalization or were you born abroad of American parents?

- (1) Naturalized citizen
- (2) Born abroad of American parents

---

-MOVEUS-

When did you move to the United States?

Year: \_\_\_\_

---

-IMSTAT-

When you moved to the United States to live, what was your immigration status?

(SHOW FLASHCARD T)

- (1) Immediate relative or family sponsored permanent resident
- (2) Employment-based permanent resident
- (3) Other permanent resident
- (4) Granted refugee status or granted asylum
- (5) Non-immigrant (e.g., diplomatic, student, business, or tourist visa)
- (6) Other

---

-ADJUST-

Has your status been changed to permanent resident?

- (1) Yes
- (2) No

---

-ADYEAR-

What year was your status changed to permanent resident?

YEAR: \_\_\_\_

---

-DATECHK-

Some of the dates I have recorded for you appear to be inconsistent:

Incoming    Correct

Birth date...    Mo: \_\_\_\_ Yr: \_\_\_\_

Year moved to the U.S. .... Yr: \_\_\_\_

Year immigration status changed ..... Yr: \_\_\_\_

Year moved to this state .. Yr: \_\_\_\_

Date moved into previous residence .....Mo: \_\_\_\_    Yr: \_\_\_\_

Date moved out of previous residence .....Mo: \_\_\_\_ Yr: \_\_\_\_

Date moved into current residence .....Mo: \_\_\_\_    Yr: \_\_\_\_

---

End of Migration History Topical Module

# Household Relationships Topical Module

SIPP 2001 Panel Wave 2  
Household Relationships Topical Module

-RMINTR-

An important part of this survey is to monitor changes in the composition of households and families. Let's review how all the people in this household are related to each other.

---

-RELAT1- through -RELAT30-

What is the EXACT relationship of (household member) to (household member)?  
(Household member) is [household members]...?  
(SHOW FLASHCARD U--NOTE STEP, ADOPTIVE, AND FOSTER RELATIONSHIPS)

- |                             |                                |                         |
|-----------------------------|--------------------------------|-------------------------|
| (1) Spouse                  | (30) Biological Brother/Sister |                         |
| (2) Unmarried partner       | (31) Half Brother/Sister       |                         |
|                             | (32) Step Brother/Sister       |                         |
| (10) Biological parent      | (33) Adopted Brother/Sister    |                         |
| (11) Stepparent             | (34) Other Brother/Sister      |                         |
| (12) Step & adoptive parent |                                | (61) Room/housemate     |
| (13) Adoptive parent        | (40) Grandparent               | (62) Roomer/boarder     |
| (14) Foster parent          | (41) Grandchild                | (63) Paid employee      |
| (15) Other parent           | (42) Uncle/Aunt                |                         |
|                             | (43) Niece/Nephew              |                         |
| (20) Biological child       |                                | (65) Other non-relative |
| (21) Stepchild              | (50) Father/Mother-in-law      |                         |
| (22) Step & adopted child   | (51) Son/Daughter-in-law       |                         |
| (23) Adopted child          | (52) Brother/Sister-in-law     |                         |
| (24) Foster child           |                                |                         |
| (25) Other child            | (55) Other relative            |                         |

---

End of the Household Relationships Topical Module