

## **Appendix E. Facsimiles of SIPP Questionnaires**

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**Support for Nonhousehold Members Questions**

<b>Section 5 – TOPICAL MODULES (Continued)</b>	
<b>Part D – SUPPORT FOR NONHOUSEHOLD MEMBERS</b>	
<p><b>1.</b> During the past 12 months, did ... make any regular or lump-sum payments for the support of someone who did not live in ...'s household? <i>(Include alimony or child support; do not include payments for a child who is away at school but who is considered part of the household. Do not include payments already reported by another household member.)</i></p>	<p style="text-align: right;"><b>8400</b></p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T16, page 55</i></p>
<p><b>2.</b> Did ... make regular payments, lump-sum payments, or both?</p>	<p style="text-align: right;"><b>8402</b></p> <p>1 <input type="checkbox"/> Regular 2 <input type="checkbox"/> Lump-sum 3 <input type="checkbox"/> Both</p>
<p><b>3a.</b> Were any of these payments for the support of ...'s child or children under 21 years of age?</p>	<p style="text-align: right;"><b>8404</b></p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 5b</i></p>
<p><b>b.</b> For how many children did ... make support payments?</p>	<p style="text-align: right;"><b>8406</b></p> <p><input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> Children x1 <input type="checkbox"/> DK</p>
<p><b>c.</b> Were any of these payments the result of a court-order or some other kind of written agreement?</p>	<p style="text-align: right;"><b>8408</b></p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 4c</i></p>
<p><b>d.</b> Was this/these agreement(s) a court-ordered agreement or some other type of agreement? <i>Mark (X) all that apply.</i></p>	<p style="text-align: right;"><b>8410</b></p> <p>1 <input type="checkbox"/> Court-order</p> <p style="text-align: right;"><b>8412</b></p> <p>2 <input type="checkbox"/> Other agreement – <i>Specify</i></p> <hr style="width: 50%; margin-left: auto; margin-right: 0;"/>
<p><b>These next few questions relate to the most recent court-ordered and/or written child support agreement for ...'s child(ren).</b></p>	
<p><b>3e.</b> In what year was this agreement <b>FIRST</b> reached?</p>	<p style="text-align: right;"><b>8414</b></p> <p>1 <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/></p>
<p><b>f.</b> Has the dollar amount ever been changed?</p>	<p style="text-align: right;"><b>8416</b></p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 3h</i></p>
<p><b>g.</b> In what year was the amount last changed?</p>	<p style="text-align: right;"><b>8418</b></p> <p>1 <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/></p>
<p><b>h.</b> Is ... still supposed to pay child support?</p>	<p style="text-align: right;"><b>8420</b></p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>i.</b> How much did ... pay in child support under this agreement during the past 12 months?</p>	<p style="text-align: right;"><b>8422</b></p> <p>\$ <input style="width: 60px; height: 15px;" type="text"/> . <input style="width: 20px; height: 15px;" type="text"/> 00 x1 <input type="checkbox"/> DK</p>
<p><b>j.</b> Were these payments made by withholding money from ...'s paycheck?</p>	<p style="text-align: right;"><b>8424</b></p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>4a.</b> (Other than the most recent support agreement/ payments discussed above), were any of ...'s other children outside of this household under age 21 covered by any other court-ordered and/or written child support agreement?</p>	<p style="text-align: right;"><b>8428</b></p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 4c</i></p>
<p><b>b.</b> How much did ... pay in child support for this/these arrangement(s) during the past 12 months?</p>	<p style="text-align: right;"><b>8428</b></p> <p>\$ <input style="width: 60px; height: 15px;" type="text"/> . <input style="width: 20px; height: 15px;" type="text"/> 00 x1 <input type="checkbox"/> DK</p>
<p><b>c.</b> (Other than the agreement discussed above) were any child support payments made without a written child support agreement for ...'s children under age 21?</p>	<p style="text-align: right;"><b>8430</b></p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 5a</i></p>
<p><b>d.</b> How much did ... pay for child support under this arrangement during the past 12 months?</p>	<p style="text-align: right;"><b>8432</b></p> <p>\$ <input style="width: 60px; height: 15px;" type="text"/> . <input style="width: 20px; height: 15px;" type="text"/> 00 x1 <input type="checkbox"/> DK</p>

Support for Nonhousehold Members Questions—Continued

<b>Section 5 – TOPICAL MODULES (Continued)</b>					
<b>Part D – SUPPORT FOR NONHOUSEHOLD MEMBERS (Continued)</b>					
<b>5a.</b> During the past 12 months, did . . . make regular payments for the support of any other person not living in . . . 's household?	<b>8434</b> <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T16				
<b>b.</b> For how many (other) persons did . . . make support payments?	<b>8436</b> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Persons x1 <input type="checkbox"/> DK				
<b>ASK 5c–5e FOR THE FIRST TWO PERSONS MENTIONED.</b>					
<b>5c.</b> How is this person related to . . . ? Mark (X) only one box.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">FIRST PERSON</th> <th style="width: 50%; text-align: center;">SECOND PERSON</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> <b>8438</b> <input type="checkbox"/> Parent                      2 <input type="checkbox"/> Spouse                      3 <input type="checkbox"/> Ex-spouse                      4 <input type="checkbox"/> Child under 21                      5 <input type="checkbox"/> Child 21 or older                      6 <input type="checkbox"/> Other relative                      7 <input type="checkbox"/> Nonrelative                 </td> <td style="vertical-align: top;"> <b>8440</b> <input type="checkbox"/> Parent                      2 <input type="checkbox"/> Spouse                      3 <input type="checkbox"/> Ex-spouse                      4 <input type="checkbox"/> Child under 21                      5 <input type="checkbox"/> Child 21 or older                      6 <input type="checkbox"/> Other relative                      7 <input type="checkbox"/> Nonrelative                 </td> </tr> </tbody> </table>	FIRST PERSON	SECOND PERSON	<b>8438</b> <input type="checkbox"/> Parent 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Ex-spouse 4 <input type="checkbox"/> Child under 21 5 <input type="checkbox"/> Child 21 or older 6 <input type="checkbox"/> Other relative 7 <input type="checkbox"/> Nonrelative	<b>8440</b> <input type="checkbox"/> Parent 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Ex-spouse 4 <input type="checkbox"/> Child under 21 5 <input type="checkbox"/> Child 21 or older 6 <input type="checkbox"/> Other relative 7 <input type="checkbox"/> Nonrelative
FIRST PERSON	SECOND PERSON				
<b>8438</b> <input type="checkbox"/> Parent 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Ex-spouse 4 <input type="checkbox"/> Child under 21 5 <input type="checkbox"/> Child 21 or older 6 <input type="checkbox"/> Other relative 7 <input type="checkbox"/> Nonrelative	<b>8440</b> <input type="checkbox"/> Parent 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Ex-spouse 4 <input type="checkbox"/> Child under 21 5 <input type="checkbox"/> Child 21 or older 6 <input type="checkbox"/> Other relative 7 <input type="checkbox"/> Nonrelative				
<b>d.</b> Where was this person living during most of the past 12 months? Was it in a private home or apartment, a nursing home, or someplace else?	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">FIRST PERSON</th> <th style="width: 50%; text-align: center;">SECOND PERSON</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> <b>8442</b> <input type="checkbox"/> Private home or apartment                      2 <input type="checkbox"/> Nursing home                      3 <input type="checkbox"/> Someplace else                 </td> <td style="vertical-align: top;"> <b>8444</b> <input type="checkbox"/> Private home or apartment                      2 <input type="checkbox"/> Nursing home                      3 <input type="checkbox"/> Someplace else                 </td> </tr> </tbody> </table>	FIRST PERSON	SECOND PERSON	<b>8442</b> <input type="checkbox"/> Private home or apartment 2 <input type="checkbox"/> Nursing home 3 <input type="checkbox"/> Someplace else	<b>8444</b> <input type="checkbox"/> Private home or apartment 2 <input type="checkbox"/> Nursing home 3 <input type="checkbox"/> Someplace else
FIRST PERSON	SECOND PERSON				
<b>8442</b> <input type="checkbox"/> Private home or apartment 2 <input type="checkbox"/> Nursing home 3 <input type="checkbox"/> Someplace else	<b>8444</b> <input type="checkbox"/> Private home or apartment 2 <input type="checkbox"/> Nursing home 3 <input type="checkbox"/> Someplace else				
<b>e.</b> How much did . . . pay for the support of this person during the past 12 months?	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 50%; vertical-align: top;"> <b>8446</b> \$ <input style="width: 40px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> 00                      x1 <input type="checkbox"/> DK                 </td> <td style="width: 50%; vertical-align: top;"> <b>8448</b> \$ <input style="width: 40px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> 00                      x1 <input type="checkbox"/> DK                 </td> </tr> </tbody> </table>	<b>8446</b> \$ <input style="width: 40px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK	<b>8448</b> \$ <input style="width: 40px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK		
<b>8446</b> \$ <input style="width: 40px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK	<b>8448</b> \$ <input style="width: 40px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK				
<b>CHECK ITEM T15</b> Is the entry in item 5b "03" or more?	<b>8450</b> <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T16				
<b>6.</b> How much did . . . pay during the past 12 months for the support of the other persons that we have not talked about already?	<b>8452</b> \$ <input style="width: 40px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK				
<b>CHECK ITEM T16</b> Refer to item 27g, page 10. Did . . . have a family plan health insurance policy?	<b>8454</b> <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to part E, page 56				
<b>7a.</b> We recorded earlier that . . . had a family plan health insurance policy. Did that policy cover anybody who did not live in . . . 's household?	<b>8456</b> <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to part E, page 56				
<b>b.</b> How many persons outside of . . . 's household were covered by . . . 's policy?	<b>8458</b> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Number x1 <input type="checkbox"/> DK				
<b>c.</b> How were these persons related to . . . ? Mark (X) all that apply.	<b>8460</b> <input type="checkbox"/> Child(ren) <b>8462</b> <input type="checkbox"/> Spouse <b>8464</b> <input type="checkbox"/> Other – Specify _____				
<b>Go to part E, page 56</b>					
NOTES					

Welfare History and Child Support Questions

<b>Section 5 – TOPICAL MODULES (Continued)</b>	
<b>Part C – CHILD SUPPORT AGREEMENTS</b>	
<p><b>CHECK ITEM T12</b></p> <p>Refer to cc items 24 and 25. Is ... the parent of children under 21 years of age who live in this household?</p>	<p><b>8209</b></p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to part D, page 54</p>
<p><b>CHECK ITEM T13</b></p> <p>Is "Child Support Payments" (code 28) marked on the ISS?</p>	<p><b>8202</b></p> <p>1 <input type="checkbox"/> Yes – SKIP to 2a 2 <input type="checkbox"/> No</p>
<p><b>1.</b> These next few questions concern child support. Have child support payments ever been agreed to or awarded for (any of) ...'s children living here?</p>	<p><b>8204</b></p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3a</p>
<p><b>2a.</b> The following questions relate to the most recent child support agreement. Was this agreement a court-ordered agreement, or some other type of agreement?</p>	<p><b>8206</b></p> <p>1 <input type="checkbox"/> Court-ordered agreement 2 <input type="checkbox"/> Other type of agreement – Specify _____</p>
<p><b>b.</b> In what year was this agreement FIRST reached?</p>	<p><b>8208</b></p> <p>1 9   </p>
<p><b>c.</b> Has the dollar amount ever been changed?</p>	<p><b>8210</b></p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2e</p>
<p><b>d.</b> In what year was the amount last changed?</p>	<p><b>8212</b></p> <p>1 9   </p>
<p><b>e.</b> How were the payments to be received? Were they – (Read categories?)</p>	<p><b>8214</b></p> <p>1 <input type="checkbox"/> Directly from the other parent? 2 <input type="checkbox"/> Through a court? 3 <input type="checkbox"/> Through the welfare agency? 4 <input type="checkbox"/> Some other method?</p>
<p><b>ASK OR VERIFY –</b></p> <p><b>f.</b> Is ... still supposed to receive child support payments?</p>	<p><b>8216</b></p> <p>1 <input type="checkbox"/> Yes – SKIP to 2h 2 <input type="checkbox"/> No</p>
<p><b>g.</b> Why not?</p>	<p><b>8218</b></p> <p>1 <input type="checkbox"/> Child(ren) over the age limit 2 <input type="checkbox"/> Other parent deceased 3 <input type="checkbox"/> Other parent not working 4 <input type="checkbox"/> Other – Specify _____</p> <p style="text-align: right;">} SKIP to 2i</p>
<p><b>h.</b> How regularly are the child support payments received – would you say regularly, occasionally, seldom, or never?</p>	<p><b>8220</b></p> <p>1 <input type="checkbox"/> Regularly 2 <input type="checkbox"/> Occasionally 3 <input type="checkbox"/> Seldom 4 <input type="checkbox"/> Never</p>
<p><b>i.</b> What is the total amount that ... was supposed to have received in child support payments during the past 12 months (from the most recent child support agreement)?</p>	<p><b>8222</b></p> <p>\$ _____ . 00</p> <p>OR</p> <p>x1 <input type="checkbox"/> DK</p>
<p><b>j.</b> What is the total amount that ... actually received in child support payments under that agreement, during the past 12 months?</p>	<p><b>8224</b></p> <p>\$ _____ . 00</p> <p>OR</p> <p>x3 <input type="checkbox"/> None</p> <p>OR</p> <p>x1 <input type="checkbox"/> DK</p>

**Welfare History and Child Support Questions—Continued**

<b>Section 5 – TOPICAL MODULES (Continued)</b>	
<b>Part C – CHILD SUPPORT AGREEMENTS (Continued)</b>	
<p><b>2k. Which children living here were covered by that agreement?</b></p>	<p><b>8329</b> x3 <input type="checkbox"/> None                      x6 <input type="checkbox"/> All                      OR                      Person No.    Name  <b>8329</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  <b>8330</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  <b>8332</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
<p><b>l. What child custody arrangements did that agreement specify?</b></p>	<p><b>8334</b> 1 <input type="checkbox"/> Visitation arrangements with the other parent                      2 <input type="checkbox"/> Shared living arrangements                      3 <input type="checkbox"/> Other arrangements – <i>Specify</i> ↓                      _____                      4 <input type="checkbox"/> No custody arrangements specified in the agreement</p>
<p><b>ASK OR VERIFY –</b>  <b>m. Does . . . know the current address of the other parent?</b></p>	<p><b>8338</b> 1 <input type="checkbox"/> Yes                      2 <input type="checkbox"/> No                      3 <input type="checkbox"/> Other parent deceased – <i>SKIP to 2p</i></p>
<p><b>n. Does the other parent now live in this state?</b></p>	<p><b>8339</b> 1 <input type="checkbox"/> Yes                      2 <input type="checkbox"/> No                      x1 <input type="checkbox"/> Don't know } <i>SKIP to 2p</i></p>
<p><b>o. Does the other parent now live in this city or county?</b></p>	<p><b>8340</b> 1 <input type="checkbox"/> Yes                      2 <input type="checkbox"/> No                      x1 <input type="checkbox"/> Don't know</p>
<p><b>CHECK ITEM 114</b>    <i>Refer to cc items 24 and 25.</i>  <b>Does . . . have more than one child under 21 years of age who lives in this household?</b></p>	<p><b>8342</b> 1 <input type="checkbox"/> Yes                      2 <input type="checkbox"/> No – <i>SKIP to 3a</i></p>
<p><b>2p. (Other than the support agreement/payments discussed above), were any of . . . 's children in this household covered by another child support agreement?</b></p>	<p><b>8344</b> 1 <input type="checkbox"/> Yes                      2 <input type="checkbox"/> No</p>
<p><b>3a. Has . . . ever contacted a public agency (such as the child support enforcement office) for aid in obtaining child support?</b></p>	<p><b>8348</b> 1 <input type="checkbox"/> Yes                      2 <input type="checkbox"/> No – <i>SKIP to part D, page 54</i></p>
<p><b>b. In what year did . . . last contact that agency?</b></p>	<p><b>8349</b> 1 0 <input type="text"/> <input type="text"/> <input type="text"/></p>
<p><b>c. What type of help did . . . need (most recently)?</b>  <i>Mark (X) all that apply.</i></p>	<p><b>8350</b> 1 <input type="checkbox"/> Locate the other parent  <b>8352</b> 2 <input type="checkbox"/> Establish paternity/maternity  <b>8354</b> 3 <input type="checkbox"/> Establish support obligation  <b>8356</b> 4 <input type="checkbox"/> Enforce support order  <b>8358</b> 5 <input type="checkbox"/> Obtain collection  <b>8360</b> 6 <input type="checkbox"/> Other – <i>Specify</i> ↓                      _____</p>
<p><b>d. Did . . . receive any help from that agency?</b></p>	<p><b>8362</b> 1 <input type="checkbox"/> Yes                      2 <input type="checkbox"/> No – <i>SKIP to part D, page 54</i></p>
<p><b>e. What kind of help did . . . receive (most recently)?</b>  <i>Mark (X) all that apply.</i></p>	<p><b>8364</b> 1 <input type="checkbox"/> Locate the other parent  <b>8366</b> 2 <input type="checkbox"/> Establish paternity/maternity  <b>8368</b> 3 <input type="checkbox"/> Establish support obligation  <b>8370</b> 4 <input type="checkbox"/> Enforce support order  <b>8372</b> 5 <input type="checkbox"/> Obtain collection  <b>8374</b> 6 <input type="checkbox"/> Other – <i>Specify</i> ↓                      _____</p>
<b>Go to part D</b>	