



2021 Reproductive Health Survey (RHS)

HOUSEHOLD QUESTIONNAIRE – MAIN SURVEY (VER. 19/07/21)

Parish Const. ED Dwell # HH # U/R

Good day, my name is I am an interviewer with the Statistical Institute of Jamaica (STATIN). We are conducting a survey to obtain information on the health of males and females 15-49 years old. Your participation in this survey will ensure the completeness and accuracy of the survey results, which will be a critical input for policy and decision making. I assure you that the responses that you provide will be kept strictly confidential and reported on only in an aggregated manner. Thank you for your kind cooperation.

A. CONTACT HISTORY

Visit Num	Date (dd/mm/yy)	Visit Time (24hr Clock)		A. Initial Contact Code	B. Result Code	C. Refusal Code	D. Final Result Code
		Start	End				
1		:	:				
2		:	:				
3		:	:				
4		:	:				

CODES

A. Initial Contact Code	B. Result Code	C. Refusal Code	D. Final Result Code
01 Contact made with household 02 Temporarily absent 03 Non-contact 04 No access to household 05 Refused (>C. Refusal Code) 06 Vacant 07 Dwelling demolished 08 Listing error/not a dwelling 96 Other (Specify)	01 Completed Household Interview (Eligible Respondent Selected) 02 Completed Household Interview (No Eligible Respondent in Household) 03 Partially Completed Household Interview (Eligible Respondent Selected) 04 Partially Completed Household Interview (No Eligible Respondent in Household) 05 Call-back scheduled 06 Unable to provide information 96 Other (Specify)	01 Does not have the time 02 Questions too personal 03 Does not trust surveys/confidentiality 04 Doesn't get anything in exchange for answering 05 Is tired of answering surveys 06 Does not respond to surveys 07 Is prevented from answering 08 No reason given 96 Other (Specify)	01 Completed Household Interview (Eligible Respondent Selected) 02 Completed Household Interview (No Eligible Respondent in Household) 03 Partially Completed Household Interview (Eligible Respondent Selected) 04 Partially Completed Household Interview (No Eligible Respondent in Household) 05 Unable to provide information 06 Non-contact 07 No access to household 08 Refused 09 Vacant 10 Dwelling demolished 11 Listing error/Not a dwelling 12 Closed 96 Other (Specify)

Interviewer Comments:

Supervisor Comments:

FOR INTERNAL USE ONLY

Interviewer	Supervisor	Editor/Coder	Data Entry Operator
Name:	Name:	Name:	Name:
ID Num:	ID Num:	ID Num:	ID Num:
Signature:	Signature:	Signature:	Signature:
Date:	Date:	Date:	Date:

Respondent’s Name: _____

Respondent’s number

B. HOUSEHOLD ROSTER

Q1. Starting with the Head of the Household, please give me the names of those persons who are usual residents of this household. Include persons who usually live here, but are temporarily absent for less than six (6) months e.g away at school, at hospital, overseas, etc. Do not include visitors or people who are only staying with you for a short time (i.e. less than 6 months), or persons who have permanently left the household.

No.	Name	Age	DOB (dd/mm/yyyy)	Sex	Relationship to Head	Education			
						Have/Has [you/NAME] ever attended school or any early childhood programme? <i>If No, go to Q2</i>	Highest Level and Grade Attended		Did [you/NAME] complete that grade/level?
							Level	Grade	
01					01	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N
02						<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N
03						<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N
04						<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N
05						<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N
06						<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N
07						<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N
08						<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N
09						<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N
10						<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N

CODES

Sex	
1	Male
2	Female

Relationship to Household Head	
01	Head of Household
02	Spouse/Partner of Head
03	Child of Spouse/Head
04	Spouse/Partner of Child
05	Grandchild of Spouse/Head
06	Parent of Spouse or Head
07	Brother/Sister of Spouse/Head
08	Other Relative of Spouse/Head
09	Domestic Employee
10	Other Non-Relative
99	Not Stated

Highest Level Attended	
01	Pre-school/Basic/infant
02	Primary (Grades 1-6)
03	Lower Secondary (Grades 7-9) or Equivalent
04	Upper Secondary (Grades 10-11)/CAP or Equivalent
05	Grade 12-13/Other Post-secondary, Non-tertiary or Equivalent
06	Short Cycle Tertiary or Equivalent (Tertiary level certificate/diploma)
07	Undergraduate/First Degree or Equivalent
08	Graduate Degree or Equivalent
09	Doctorate/PH.D. or Equivalent
10	HEART/NSTA Trust
11	Jamaica Foundation for Lifelong Learning (JFLL) (Specify)
96	Other (Specify)
98	Don't Know
99	Not Stated/Refused

C. CHARACTERISTICS OF THE HOUSING UNIT AND HOUSEHOLD

<div>Q2. Type of housing unit</div> <div>Record observation</div>	<div><input type="checkbox"/> 1. SEPARATE HOUSE/DETACHED</div> <div><input type="checkbox"/> 2. APARTMENT BUILDING</div> <div><input type="checkbox"/> 3. TOWNHOUSE</div> <div><input type="checkbox"/> 4. OTHER ATTACHED</div> <div><input type="checkbox"/> 5. PART OF A COMMERCIAL BUILDING</div> <div><input type="checkbox"/> 6. IMPROVISED HOUSING UNIT</div> <div><input type="checkbox"/> 96. OTHER (SPECIFY) _____</div>
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	<input type="checkbox"/> 6. PLYWOOD AND/OR ZINC <input type="checkbox"/> 96. OTHER (SPECIFY) _____	
Q4. Main material of the roof <i>Record observation</i>	<input type="checkbox"/> 1. METAL SHEETING (E.G. ZINC) <input type="checkbox"/> 2. CONCRETE (E.G. SLAB) <input type="checkbox"/> 3. WOOD <input type="checkbox"/> 96. OTHER (SPECIFY) _____	
Q5. How many rooms do members of this household usually use for sleeping?	<div><div></div><div></div></div> ROOMS 99. <input type="checkbox"/> NOT STATED	
Q6. What type of fuel does this household mainly use for cooking?	<input type="checkbox"/> 1. ELECTRICITY <input type="checkbox"/> 2. LIQUID PETROLEUM GAS (LPG) <input type="checkbox"/> 3. WOOD <input type="checkbox"/> 4. CHARCOAL <input type="checkbox"/> 5. KEROSENE <input type="checkbox"/> 6. NO COOKING DONE <input type="checkbox"/> 96. OTHER (SPECIFY) _____	
Q7. What is the main source of drinking water used by members of your household?	<input type="checkbox"/> 1. PUBLIC PIPED INTO DWELLING <input type="checkbox"/> 2. PUBLIC PIPED INTO YARD <input type="checkbox"/> 3. PRIVATE PIPED INTO DWELLING <input type="checkbox"/> 4. PRIVATE PIPED INTO YARD <input type="checkbox"/> 5. PUBLIC STANDPIPE <input type="checkbox"/> 6. TRUCK WATER/WATER TRUCK <input type="checkbox"/> 7. SPRING/RIVER <input type="checkbox"/> 8. BOTTLED WATER <input type="checkbox"/> 96. OTHER (SPECIFY) _____ <input type="checkbox"/> 99. NOT STATED	
Q8. What kind of toilet facility do members of your household usually use?	<input type="checkbox"/> 1. FLUSHED TOILET LINKED TO SEWER <input type="checkbox"/> 2. FLUSHED TOILET NOT LINKED TO SEWER <input type="checkbox"/> 3. PIT LATRINE <input type="checkbox"/> 4. NO FACILITY/BUSH/FIELD <input type="checkbox"/> 6. OTHER (SPECIFY) _____ <input type="checkbox"/> 9. NOT STATED	4 ⇒ Q10
Q9. Do you share this facility with others who are not members of you household?	<input type="checkbox"/> 1. YES, SHARED <input type="checkbox"/> 2. NO, NOT SHARED <input type="checkbox"/> 9. NOT STATED	

Q10.

Does your household have:	1. Yes	2. No
[A] ELECTRIC STOVE	<input type="checkbox"/>	<input type="checkbox"/>
[B] GAS STOVE	<input type="checkbox"/>	<input type="checkbox"/>
[C] REFRIGERATOR	<input type="checkbox"/>	<input type="checkbox"/>
[D] FREEZER (DEEP FREEZE)	<input type="checkbox"/>	<input type="checkbox"/>
[E] MICROWAVE	<input type="checkbox"/>	<input type="checkbox"/>
[F] RADIO	<input type="checkbox"/>	<input type="checkbox"/>
[G] AIR CONDITIONER	<input type="checkbox"/>	<input type="checkbox"/>
[H] ELECTRONIC GAMING EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>
[I] WASHING MACHINE	<input type="checkbox"/>	<input type="checkbox"/>
[J] CLOTHES DRYER	<input type="checkbox"/>	<input type="checkbox"/>
[K] ELECTRIC WATER HEATER	<input type="checkbox"/>	<input type="checkbox"/>
[L] SOLAR WATER HEATER	<input type="checkbox"/>	<input type="checkbox"/>
[M] COMPUTER (INCLUDING LAPTOP & TABLET)	<input type="checkbox"/>	<input type="checkbox"/>
[N] TELEVISION	<input type="checkbox"/>	<input type="checkbox"/>
[O] CABLE SERVICE	<input type="checkbox"/>	<input type="checkbox"/>
[P] GENERATOR	<input type="checkbox"/>	<input type="checkbox"/>
[Q] DISHWASHER	<input type="checkbox"/>	<input type="checkbox"/>
[R] INTERNET WITHIN THE HOUSEHOLD	<input type="checkbox"/>	<input type="checkbox"/>
[S] A WORKING MOTORCYCLE/MOTORBIKE	<input type="checkbox"/>	<input type="checkbox"/>
[T] A WORKING MOTOR VEHICLE (CAR, VAN OR TRUCK)	<input type="checkbox"/>	<input type="checkbox"/>

Q11. Are you or any other member of this household enrolled in any assistance programmes?	1. <input type="checkbox"/> YES, GOVERNMENT 2. <input type="checkbox"/> YES, NON-GOVERNMENT 3. <input type="checkbox"/> NO	3⇒Q14
Q12. How often do you receive this assistance?	1. <input type="checkbox"/> WEEKLY 2. <input type="checkbox"/> MONTHLY 3. <input type="checkbox"/> QUARTERLY 4. <input type="checkbox"/> ANNUALLY 6. <input type="checkbox"/> OTHER (SPECIFY)_____ 8. <input type="checkbox"/> DOES NOT REMEMBER 9. <input type="checkbox"/> REFUSED	
Q13. What type of assistance are you or any member of this household receiving?	A. <input type="checkbox"/> FOOD B. <input type="checkbox"/> CLOTHING C. <input type="checkbox"/> SHELTER D. <input type="checkbox"/> SKILLS TRAINING E. <input type="checkbox"/> HEALTHCARE F. <input type="checkbox"/> FINANCIAL X. <input type="checkbox"/> OTHER (SPECIFY) Y. <input type="checkbox"/> DOES NOT REMEMBER Z. <input type="checkbox"/> REFUSED	

D. ELIGIBILITY

If the household was selected for a female questionnaire, go to Q14.
If the household was selected for a male questionnaire, go to Q16.

Q14. How many females between the ages of 15-49 years old are living in this household?
(Refer to Household Roster)

If Q14 is zero then,

- Go to Section A to complete ‘Contact History’
- Thank the respondent for his/her cooperation and end interview.

Q15. Check the last digit of the dwelling number from the cover page. This is the number of the row you should go to in the table below. Check the total number of eligible females in Q14 above. This is the number of the column you should go to in the table below. Find the box where the row and the column meet and circle the number that appears in the box. This is the line number of the selected female.

NAME OF THE SELECTED FEMALE: _____

LINE NUMBER OF SELECTED FEMALE:

Last Digit of Household Number (from Dwell #)	Number of Eligible Females in the Household									
	1	2	3	4	5	6	7	8	9	10
0	1	2	3	4	2	2	6	2	4	10
1	1	1	1	1	3	3	7	3	5	1
2	1	2	2	2	4	4	1	4	6	2
3	1	1	3	3	5	5	2	5	7	3
4	1	2	1	4	1	6	3	6	8	4
5	1	1	2	1	2	1	4	7	9	5
6	1	2	3	2	3	2	5	8	1	6
7	1	1	1	3	4	3	6	1	2	7
8	1	2	2	4	5	4	7	2	3	8
9	1	1	3	2	1	5	1	3	4	9

Now return to Section A to:

- Complete ‘Contact History’ (including the final result code)
- Thank the respondent for his/her cooperation and proceed with the administration of the individual female questionnaire.

Q16. How many males between the ages of 15-49 years old are living in this household?
(Refer to Household Roster)

If Q16 is zero then:

- Go to Section A to complete ‘Contact History’
- Thank the respondent for his/her cooperation and end interview.

Q17. Check the last digit of the dwelling number from the cover page. This is the number of the row you should go to in the table below. Check the total number of eligible males in Q16 above. This is the number of the column you should go to in the table below. Find the box where the row and the column meet and circle the number that appears in the box. This is the line number of the selected female.

Last Digit of Household Number (from Dwell #)	Number of Eligible Males in the Household									
	1	2	3	4	5	6	7	8	9	10
0	1	2	3	4	2	2	6	2	4	10
1	1	1	1	1	3	3	7	3	5	1
2	1	2	2	2	4	4	1	4	6	2
3	1	1	3	3	5	5	2	5	7	3
4	1	2	1	4	1	6	3	6	8	4
5	1	1	2	1	2	1	4	7	9	5
6	1	2	3	2	3	2	5	8	1	6
7	1	1	1	3	4	3	6	1	2	7
8	1	2	2	4	5	4	7	2	3	8
9	1	1	3	2	1	5	1	3	4	9

NAME OF THE SELECTED MALE: _____

LINE NUMBER OF SELECTED MALE:

Now return to Section A to:

- Complete ‘Contact History’
- Thank the respondent for his/her cooperation and proceed with the administration of the individual male questionnaire.