



**St Helena
Government**



CONFIDENTIAL

2016 Population and Housing Census - Household Questionnaire (Pilot)

The information in this Census is **CONFIDENTIAL**

It will be used for statistical purposes only.

Prepared in accordance with the Census Ordinance CAP 159

It is a legal obligation to complete the Census.

Not to do so is a legal offence punishable by a fine, and/or imprisonment.

This form is **property of St Helena Government**. Disposal or destruction of this document may result in a fine or further penalty.

Census night is Sunday 7th February 2016

The completed form must be available for collection by:

Monday 8th February 2016

The declaration on page 1 **must** be signed by the person/householder responsible for completing and returning the form.

Where can you get help? Speak to your enumerator or call the Statistics Office on 22138.

A message to everyone-

Everyone should be included in the census- all people, households and overnight visitors. The information we collect will be used to help plan and fund services for the island- services such as education, health, transport and housing.

Please complete your census questionnaire on **Sunday 7th February 2016, or as close as possible to this date**. Taking part in the census is very important and it is also compulsory. You could face a fine or imprisonment if you don't participate or if you supply false information.

Your personal information is protected by law - it will not be shared with anyone outside of the Statistics Office. Census information is kept confidential for 100 years.

Remember- We count because YOU count.

Paula McLeod.

Dr Paula McLeod

Statistician/ Census Commissioner

For official use only

Form ID:

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Date of distribution:

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Date of collection:

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Enumerator:

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(Initials)

Before you start.....

General information:

- The answers in this form should relate to **Census Night, Sunday 7th February 2016**.
- All information supplied will be kept **strictly confidential**.
- This form is divided into **3 parts (Schedules)**. Each schedule is briefly explained in the notes below.

Completing the form:

Who should complete the questionnaire?

The **householder** is responsible for ensuring that this questionnaire is completed and returned.

The **householder** is the person who lives, or is present, at this address who:

- owns/ rents (or jointly owns/ rents) the accommodation; and/or
- is responsible (or jointly responsible) for paying the household bills and expenses.

A **household** is:

- one person living alone
- a group of people (not necessarily related) living at the same address who maintain a common living, sharing normal domestic tasks and expenditures, including the purchase, cooking and eating of food.

What should you complete on the questionnaire?

The form is divided into 3 parts. Each part asks information on a different aspect of your household and dwelling.

SCHEDULE 1: HOUSEHOLD INFORMATION

Asks questions about your dwelling and the number of people who live there.

SCHEDULE 2: PERSON INFORMATION

Asks questions about those persons who usually live in the household **and are physically present on St Helena**.

Do not include persons in institutions (e.g. Sheltered accommodation/prison etc.) as these persons will fill out a separate form. If you have household members who are overseas and wish to take part in the Census they can be included separately. **SEE BACK PAGE FOR FURTHER INFORMATION.**

SCHEDULE 3: VISITORS

Asks questions about any visitors to your household on Census Night.

Will you need an extra form?

You will need an extra form if you have more than 5 persons usually living in your household or if you have more than 5 visitors to your household on Census Night.

In your extra form, you will only need to fill out Schedule 2 for members usually living in your household on Census Night and only Schedule 3 for any visitors to your household.

How should I complete the questionnaire?

The form should be **completed in black or blue ink**. If you are unsure of an answer you may use pencil temporarily. However please confirm your answer in ink.

Where written answers are required, please **write in CAPITAL LETTERS**.

If **mistakes** are made, please **strike through with a single horizontal line** (as shown below) and rewrite/ select the correct response.

Q7 Do you own or look after a dwelling that is completed but not occupied at this time?

(Please tick one box only)

1 ☒ Yes → If yes, please state its owner and full address below.

2 ☒ No

Owner: ARTHUR PENBODY

Address: NR. HALF WAY, ST PAULS

Where can you get help?

Go to the back page of this questionnaire for information on how you can get help completing this form.

ANY QUESTIONS? Speak to your enumerator or telephone the Statistics Office on **22138**

Section 1: Who is living/ staying in this house?Form ID:

The following questions are about:

- The person responsible for the information on this questionnaire
- The people who usually live in this house
- The people who are staying in this house on Census night but normally live elsewhere

SCHEDULE 1: HOUSEHOLD INFORMATION**Name and address of householder responsible for completing and returning this questionnaire.**

Full Name:

Full Address:

DECLARATION

I declare that this is a true return, completed to the best of my knowledge and belief.

Signed:

Date:

(by or on behalf of the householder responsible for completing the questionnaire)

Q1 Number of people in the household on Census night*(INCLUDE fishermen and night workers etc. who will return to the household after work. EXCLUDE persons in hospital and working off island.)*

[Please enter number in box]

Q2 Number of people usually resident in the household*(INCLUDE night workers etc. who will return to the household after work and persons temporarily absent e.g. in hospital.**EXCLUDE other absent members such as those not on the island)*

[Please enter number in box]

Table 1: Household MembersPlease list all members of your household counted in Q2, who are on St Helena and usually live at this address, **starting with yourself.****Please start with the person responsible for completing and returning this questionnaire.**

Person No.	Full name	Nickname
Person 1		
Person 2		
Person 3		
Person 4		
Person 5		

If you have more than 5 members usually residing in your household please indicate below and request an extra form. Extra forms can be obtained from your enumerator or from the Statistics Office, tel. 22138.

Number of extra persons →

I have filled in an extra form with person level information for these persons:

☐

(Please tick to indicate completion)

Form ID:

SCHEDULE 1: HOUSEHOLD INFORMATION continued

Q3 Apart from those usually resident, listed in Q3, is anyone else staying overnight on Census Night who usually lives elsewhere (visitors)?

(Please tick all boxes that apply)

Yes -	¹ <input type="checkbox"/>	Persons who usually live elsewhere on St Helena (e.g. girl/boyfriends, friends, relatives etc.)
	² <input type="checkbox"/>	Persons visiting St Helena on holiday
No -	³ <input type="checkbox"/>	No, there are no visitors staying overnight at this address

Table 2: Visitors - Please list all persons counted in Q3, who are visitors to your household.

Person No.	Full name
Person 1	
Person 2	
Person 3	
Person 4	
Person 5	

If you have more than 5 visitors sleeping at your house on census night please indicate below and request an extra form. Extra forms can be obtained from your enumerator or from the Statistics Office, tel. 22138.

Number of extra persons →

I have filled in an extra form with person level information for these visitors:

☐ (Please tick to indicate completion) Form ID:

Q4 Do you have household members who usually live at this address but are temporarily overseas? (expected to return to the island within the next three to six months).

(Please tick all boxes that apply)

Yes -	¹ <input type="checkbox"/>	Persons overseas on holiday
	² <input type="checkbox"/>	Persons overseas for medical treatment/ investigations
	³ <input type="checkbox"/>	Persons on training
No -	⁴ <input type="checkbox"/>	No, there are no members of the household overseas on Census night

Table 3: Household Members Overseas

Please list all household members, counted in Q4, who are temporarily overseas. These persons can be included in the Census by completing Form B- Saints overseas. Please speak to your enumerator, or contact the Statistics Office, for copy(ies) of Form B.

Person No.	Full name	Age	Gender	Form ID: (Official use)
Person 1				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Person 2				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Person 3				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Person 4				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Person 5				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Please proceed to next page to complete Schedule 1: Household Information →

SCHEDULE 1: HOUSEHOLD INFORMATION

Form ID:

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Q5 Dwelling type: Is the dwelling you live in a(Please tick **one** box only)

Detached house

☐

Semi-detached/terraced

☐

Flat

☐

Other

☐

→ Please state:

Q6 Is the dwelling you live in shared with, or occupied by, any other household?(Please tick **one** box only)☐

Yes

If **yes**, please state the total number of households
in the dwelling, including your own. →☐

No

Q7 Do you own or look after a dwelling that is completed but not occupied at this time?(Please tick **one** box only)☐

Yes

If **yes**, please state its owner and full address below.☐

No

Owner:

Address:

The following questions relate to the dwelling you are currently residing in.**Q8 Is the accommodation used by your household:**(Please tick **one** box only)☐

Owner-occupied

☐

Rented (tied to job)

☐

Rented (untied to job)

☐

Rent free

Q9 Is the accommodation used by your household:(Please tick **one** box only)☐

Owned outright

☐

Being bought on loan

Rented/rent free from:

☐

Government

☐

Non Government employer

☐

Private landlord/other

→ Please proceed
to Q11 on the
next page.**Q10 If owned outright, which of these options best describes how you came to own this dwelling?**(Please tick **one** box only)☐

Inherited

☐

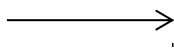
Through savings gained from overseas employment

☐

Through savings gained from local employment

☐

Other (Please state)



SCHEDULE 1: HOUSEHOLD INFORMATION continued**Q11 How many rooms (e.g. living, sitting/sleeping areas) are there in your households accommodation?**

(**EXCLUDE** bathrooms, toilets, hallways, broom cupboards, utility rooms/ laundry etc. and kitchens)

← [Please enter number in box]

Q12 Bedrooms: How many rooms are usually used for sleeping in?

(Include all rooms built or converted for use as bedrooms even if they are not currently used as bedrooms)

← [Please enter number in box]

Q13 Kitchen: Does your household have an area designated/equipped for the preparation of food?

(Please tick **one** box only)

Yes -	1 <input type="checkbox"/>	Separate cooking area (inside)
	2 <input type="checkbox"/>	Combined cooking and dining area (inside)
	3 <input type="checkbox"/>	Outside cooking area (only)
	4 <input type="checkbox"/>	Other (Please state) →
No -	5 <input type="checkbox"/>	No designated cooking area

Q14 Does this household have a kitchen sink?

(Please tick **one** box only)

- 1 ☐ Yes
2 ☐ No

Q15 Bathroom: Does your household have:

(Please tick **one** box only)

Bathroom within main housing unit	1 <input type="checkbox"/>	Fixed bath/shower
Bathroom outside main housing unit	2 <input type="checkbox"/>	Fixed bath/shower (exclusive use)
	3 <input type="checkbox"/>	Fixed bath/shower (shared use)
No bathroom	4 <input type="checkbox"/>	No fixed bath/shower facilities available:
If no fixed bath/ shower facilities: Does your household have a sink/ fixed wash basin?		
(Please tick one box only)	5 <input type="checkbox"/>	Yes
	6 <input type="checkbox"/>	No

Q16 Are the main toilet facilities for this household:

(Please tick **one** box only)

Toilet within main housing unit	1 <input type="checkbox"/>	Flush toilet
	2 <input type="checkbox"/>	Other (Please state)
Toilet outside main housing unit (for exclusive use by household)	3 <input type="checkbox"/>	Flush toilet
	4 <input type="checkbox"/>	Other (Please state)
Shared Toilet Facilities	5 <input type="checkbox"/>	Flush toilet
	6 <input type="checkbox"/>	Other (Please state)
No Toilet facilities available	7 <input type="checkbox"/>	

SCHEDULE 1: HOUSEHOLD INFORMATION continued

Q17 Is the sewer system for this dwelling a:

(Please tick **one** box only)

- 1 ☐ Public (Mains system)
2 ☐ Septic Tank
3 ☐ Shared septic system
4 ☐ Other (Please state) —————>
5 ☐ No sewer system

Q18 Is the main water supply to this dwelling:

(Please tick **one** box only)

- 1 ☐ Treated

Untreated:

- 2 ☐ Piped from Connect St Helena (inside the dwelling)
3 ☐ Piped to outside tank/ Taken from standpipe (supplied by Connect St Helena)
4 ☐ Rainwater tank (including if piped inside/ outside of dwelling)
5 ☐ Spring or stream (including if piped inside/ outside of dwelling)
6 ☐ Other (Please state) —————>

Q19 Does your household have piped hot water?

(Please tick **one** box only)

- 1 ☐ Yes
2 ☐ No

Q20 Does this dwelling have an operational solar water heater?

(Please tick **one** box only)

- 1 ☐ Yes
2 ☐ No

Q21 Does this household generate on-site power through use of renewable energy sources?

(Please tick **all that apply**)

- 1 ☐ Wind turbines
2 ☐ Solar/PV cells
3 ☐ Other (Please state) —————>
4 ☐ None of the above

Q22 Is the main power/fuel used for lighting in this household:

(Please tick **one** box only)

- 1 ☐ Electric mains only
2 ☐ Mobil/Calor gas
3 ☐ Other (Please state) —————>

SCHEDULE 1: HOUSEHOLD INFORMATION continued

Q23 What fuel or power is used for cooking by your household?

(Please tick **one box only** in each section)

Section A: Sole or main fuel used

- 1 ☐ Electricity
2 ☐ Mobil/Calor gas
3 ☐ Paraffin/Kerosene
4 ☐ Wood
5 ☐ Other (Please state)



Section B: Secondary fuel used

- 1 ☐ Electricity
2 ☐ Mobil/Calor gas
3 ☐ Paraffin/Kerosene
4 ☐ Wood
5 ☐ No secondary fuel used
6 ☐ Other (Please state)



Q24 Is the roof of the dwelling you occupy made of:

(Please tick **one box only**)

- 1 ☐ Metal sheeting
2 ☐ Asbestos sheeting
3 ☐ Combination - Metal sheeting and asbestos
4 ☐ Slate/tile
5 ☐ Other (Please state) →
6 ☐ Don't know

Q25 Household assets: Do members of your household OWN, RENT or have MAIN USE of the following:

(Please tick each item that is owned/rented/used by your household)

Motor vehicles

- 1 ☐ Cars
2 ☐ Landrovers, vans and pickups
3 ☐ Motor cycles and scooters
4 ☐ Other motor vehicles

Available parking space

- 1 ☐ Yes - space outside dwelling (on private property)
2 ☐ No - rely on on-street/road-side parking
3 ☐ No - none at all

Boats

- 1 ☐ Boats with motors
2 ☐ Other boats

Other Assets - durable goods, telecommunications and safety equipment

- 1 ☐ Fridge
2 ☐ Freezer
3 ☐ Deep freezer/Chest freezer
4 ☐ Washing machine
5 ☐ Dishwasher
6 ☐ Radio
7 ☐ Television subscription
8 ☐ Television screen

- 9 ☐ Video/ DVD equipment
10 ☐ Personal computer/laptop/tablet
11 ☐ Internet access
12 ☐ Telephone (landline)
13 ☐ Mobile phone
14 ☐ Smoke alarm
15 ☐ Fire extinguisher
16 ☐ Emergency lighting

SCHEDULE 2: PERSON INFORMATION. The following questions relate to persons who are *usually resident* in your household and are on St Helena on Census night (those listed in Table 1, Page 1).

(Please tick **one box for each question** unless otherwise stated)

	Person 1	Person 2	Person 3	Person 4	Person 5
Q1 Gender					
Male	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Female	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Q2 Date of birth <i>Example:</i>					
Day	20 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	05 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year	1968 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Q3 Marital status					
Single	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Married	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Registered same sex civil partnership	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Co-habiting/ living together	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Separated	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Divorced	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
Widowed	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>
Q4 Relationship to Person 1					
Person completing questionnaire	1 <input type="checkbox"/>				
Spouse/partner		2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Son/daughter		3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Brother/sister		4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Step-child		5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Nephew/niece		6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
Grandchild		7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>
Mother/father		8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>
Other relative		10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>
Not related		11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>

Please clarify below: e.g. Person number: 4 Status in household: Boyfriend of person 2

e.g. Person number: 5 Status in household: Lodger

Person number:	<input type="text"/>	Status in household:	<input type="text"/>
Person number:	<input type="text"/>	Status in household:	<input type="text"/>
Person number:	<input type="text"/>	Status in household:	<input type="text"/>
Person number:	<input type="text"/>	Status in household:	<input type="text"/>
Person number:	<input type="text"/>	Status in household:	<input type="text"/>

SCHEDULE 2: PERSON INFORMATION continued

	Person 1	Person 2	Person 3	Person 4	Person 5
Q5 Place of birth					
St Helena	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>
United Kingdom	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>
Ascension	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>
South Africa	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>
Other	5 <input type="text"/>	5 <input type="text"/>	5 <input type="text"/>	5 <input type="text"/>	5 <input type="text"/>

→ If 'Other', please state below: E.g. Person number: 1 Place of birth: Indonesia

Person number:	<input type="text"/>	Place of birth:	<input type="text"/>
Person number:	<input type="text"/>	Place of birth:	<input type="text"/>
Person number:	<input type="text"/>	Place of birth:	<input type="text"/>
Person number:	<input type="text"/>	Place of birth:	<input type="text"/>
Person number:	<input type="text"/>	Place of birth:	<input type="text"/>

	Person 1	Person 2	Person 3	Person 4	Person 5
Q6 Place of usual residence					
St Helena	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>
Ascension	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>
United Kingdom	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>
Falkland Islands	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>
South Africa	5 <input type="text"/>	5 <input type="text"/>	5 <input type="text"/>	5 <input type="text"/>	5 <input type="text"/>
Other	6 <input type="text"/>	6 <input type="text"/>	6 <input type="text"/>	6 <input type="text"/>	6 <input type="text"/>

→ If 'Other', please state below: E.g. Person number: 1 Place of usual residence: Indonesia

Person number:	<input type="text"/>	Place of usual residence:	<input type="text"/>
Person number:	<input type="text"/>	Place of usual residence:	<input type="text"/>
Person number:	<input type="text"/>	Place of usual residence:	<input type="text"/>
Person number:	<input type="text"/>	Place of usual residence:	<input type="text"/>
Person number:	<input type="text"/>	Place of usual residence:	<input type="text"/>

	Person 1	Person 2	Person 3	Person 4	Person 5
Q7 Which of the following best describes your status on St Helena? (Please tick one box only)					
Islander/St Helenian status/residency permit (usually residing on St Helena)	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Islander/St Helenian status/residency permit (not usually residing on St Helena)	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Short term entry permit holder/visitor	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Long term entry permit holder/visitor	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
SHG work permit holder, or spouse/partner/ dependant of holder	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Other work permit holder, or spouse/partner/ dependant of holder	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>

SCHEDULE 2: PERSON INFORMATION continued

	Person 1	Person 2	Person 3	Person 4	Person 5
Q8a Religion: Do you have a faith?					
Prefer not to say	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Yes	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
No	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
If No, please proceed to Q9 if St Helenian otherwise turn-over to proceed to Q12.					
Q8b If yes, please indicate below:					
Anglican/ Church of England	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Jehovah's Witness	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Baptist	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Roman Catholic	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
New Apostolic	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Seventh Day Adventist	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
Salvation Army	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>
Baha'i	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>
Prefer not to say	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>
Other	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>
If 'Other', please state below: e.g. Person number: 1 Faith: Methodist					
Person number:	<input type="text"/>	Faith:			
Person number:	<input type="text"/>	Faith:			
Person number:	<input type="text"/>	Faith:			
Person number:	<input type="text"/>	Faith:			
Person number:	<input type="text"/>	Faith:			

For Saint Helenian Households only- we have some questions to help us measure the effect of the airport on overseas travel and the current importance of overseas employment.

	Person 1	Person 2	Person 3	Person 4	Person 5
Q9 Have you ever left the Island to visit another county?					
Yes	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
No	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Q10 Have you ever worked overseas?					
Yes - For 5 years or less (total)	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Yes - For over 5 years (total)	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
No	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Q11 Are you in receipt of any of the following?					
(Please tick all appropriate box/es)					
Overseas pension	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Regular remittances (money sent home) or financial support from family member(s) working overseas	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
None of the above	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>

SCHEDULE 2: PERSON INFORMATION - State of Health and Caring Commitments

	Person 1	Person 2	Person 3	Person 4	Person 5
Q12 How is your health in general?					
Very good	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Good	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Fair	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Bad	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Very bad	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Q13 Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? (Including problems relating to old age)					
Yes, limited a lot	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Yes, limited a little	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
No	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Q14 Are you able to get in and out of your dwelling without assistance?					
Yes	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
No	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Q15a Not counting anything done as part of paid employment, do you look after, or give any help or support to family members, friends, neighbours, or other persons because of long-term physical or mental ill-health or disability, or problems relating to old age?					
Yes	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
No	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
→ If No, please proceed to question Q16					
Q15b If yes, please indicate the total time spent on this activity in a typical week:					
1-9 hours	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
10-19 hours	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
20-49 hours	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
50+ hours	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
TO BE COMPLETED IN RELATION TO ALL PERSONS 16 YEARS AND OVER					
Q16 Do you smoke cigarettes?					
Yes	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
No	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Q17 Do you drink alcohol? (Please tick one box only)					
Most days	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2 - 3 times a week	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
2 - 4 times a month	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Monthly or less	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Never	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>

SCHEDULE 2: PERSON INFORMATION continued

The following questions relating to Education and Employment are to be answered for persons aged 16 years or over who have completed compulsory school only (i.e. those aged 16 still in year 11 at Prince Andrew School do not need to answer.)

	Person 1	Person 2	Person 3	Person 4	Person 5
Q18 Education: Which of the following stages of full time education did you complete? (Please tick all that apply)					

Primary

1

☐

1

☐

1

☐

1

☐

1

☐

Secondary compulsory

2

☐

2

☐

2

☐

2

☐

2

☐

Secondary optional/college

3

☐

3

☐

3

☐

3

☐

3

☐

Tertiary/Higher education

4

☐

4

☐

4

☐

4

☐

4

☐**Q19 Total number of years of full time education completed:**

Please enter total number of years in box

Q20 What is the highest level of education you have completed?

Please write in full in the space provided.

E.g. Person number 1: MASTERS IN CHEMISTRY

Person number 1:

Person number 2:

Person number 3:

Person number 4:

Person number 5:

Q21 Have you earned GCSEs/ O Levels or equivalent in the following:**English**

Yes

1

☐

1

☐

1

☐

1

☐

1

☐

No

2

☐

2

☐

2

☐

2

☐

2

☐**Maths**

Yes

1

☐

1

☐

1

☐

1

☐

1

☐

No

2

☐

2

☐

2

☐

2

☐

2

☐**Q22 Please indicate the total number of GCSEs/ O Levels or equivalent earned (any grade):**(Please tick the **appropriate** box)

0

1

☐

1

☐

1

☐

1

☐

1

☐

1 - 4

2

☐

2

☐

2

☐

2

☐

2

☐

5 or more

3

☐

3

☐

3

☐

3

☐

3

☐

SCHEDULE 2: PERSON INFORMATION continued

	Person 1	Person 2	Person 3	Person 4	Person 5
Q23 Which of these qualifications do you have? (Please tick every box that applies) <i>If your qualification is not listed below, please tick its nearest equivalent.</i> <i>If you are unsure of its nearest equivalent, please tick 'Other qualifications not listed'.</i>					
1 -4 O-Levels/CSEs/GCSEs (any grades), Entry Level, Foundation Diploma	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
NVQ Level 1, Foundation GNVQ, Basic Skills	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
5+ O-Levels (passes)/ CSEs (grade 1) / GCSEs (grades A*-C), School Certificate, 1 A Level/ 2-3 AS Levels/ VCEs, Higher Diploma	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
NVQ Level 2, Intermediate GNVQ, City and Guilds Craft, BTEC First/ General Diploma, RSA Diploma	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Apprenticeship	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
2+ A Levels/ VCEs, 4+ AS Levels, Higher School Certificate, Progression /Advanced Diploma	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
NVQ Level 3, Advanced GNVQ, City and Guilds Advanced Craft, ONC, OND, BTEC National Diploma, RSA Advanced Diploma	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>
Degree (for example BA, BSc)	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>
Higher Degree (for example MA, PHD, PGCE)	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>
NVQ Level 4-5, HNC, HND, RSA Higher Diploma, BTEC Higher Level	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>
Professional qualifications (for example teaching, nursing, accountancy, audit)	11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>
Other vocational/ work related qualifications	12 <input type="checkbox"/>	12 <input type="checkbox"/>	12 <input type="checkbox"/>	12 <input type="checkbox"/>	12 <input type="checkbox"/>
Foreign qualifications	13 <input type="checkbox"/>	13 <input type="checkbox"/>	13 <input type="checkbox"/>	13 <input type="checkbox"/>	13 <input type="checkbox"/>
Other qualifications not listed	14 <input type="checkbox"/>	14 <input type="checkbox"/>	14 <input type="checkbox"/>	14 <input type="checkbox"/>	14 <input type="checkbox"/>
No qualifications	15 <input type="checkbox"/>	15 <input type="checkbox"/>	15 <input type="checkbox"/>	15 <input type="checkbox"/>	15 <input type="checkbox"/>

Understanding how your qualifications fit in to the above listing is not always straightforward- especially if you have foreign equivalent qualifications. Some explanation is given in the glossary section at the back of this form. Further guidance is available from your enumerator or from the Statistics Office, tel. 22138.

SCHEDULE 2: PERSON INFORMATION continued

	Person 1	Person 2	Person 3	Person 4	Person 5
Q24 Employment: As of this week are you: (Please tick any box that applies)					
Employed full-time	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Employed part-time	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Self-employed	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Unemployed and looking for work	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Waiting to start job accepted	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Away from work ill, on maternity/ paternity leave, on holiday or temporarily laid off	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
Looking after home and/or family	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>
Student	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>
Retired	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>
Disabled	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>
Other	11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>

→ If 'Other', please state below: E.g. Person number: 1 Employment: Voluntary unpaid

Person number:	<input type="text"/>	Employment:	<input type="text"/>
Person number:	<input type="text"/>	Employment:	<input type="text"/>
Person number:	<input type="text"/>	Employment:	<input type="text"/>
Person number:	<input type="text"/>	Employment:	<input type="text"/>
Person number:	<input type="text"/>	Employment:	<input type="text"/>

TO BE COMPLETED IN RELATION TO YOUR MAIN JOB ROLE, OR IF NOT WORKING, YOUR LAST MAIN JOB ROLE. If you have never worked please leave blank.

Q25 Main job and Employer

(Enter full, specific job title of present main occupation and name of employer in capital letters)
(E.g. Job title: SHOP ASSISTANT. Employer: THORPES. For those without a present occupation enter 'NONE'. If working within Government, please include the Directorate)

Person 1: Job title: on/ off-island
Employer: (delete as appropriate)

Person 2: Job title: on/ off-island
Employer: (delete as appropriate)

Person 3: Job title: on/ off-island
Employer: (delete as appropriate)

Person 4: Job title: on/ off-island
Employer: (delete as appropriate)

Person 5: Job title: on/ off-island
Employer: (delete as appropriate)

SCHEDULE 2: PERSON INFORMATION continued

	Person 1	Person 2	Person 3	Person 4	Person 5
Q26 Nature of business/ industry of main/ last job role.					
(Please tick one box only)					
Agriculture/Forestry	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Fishing	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Construction	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Mining and quarrying	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Electricity and/or Water supply	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Wholesale and retail trade	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
Public administration and defence	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>
Hospitality (Hotels, restaurants, catering etc.)	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>
Transport and storage	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>
Information and communications (Inc. media and telecommunications)	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>
Financial and insurance services	11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>
Business services	12 <input type="checkbox"/>	12 <input type="checkbox"/>	12 <input type="checkbox"/>	12 <input type="checkbox"/>	12 <input type="checkbox"/>
Community, social and personal services	13 <input type="checkbox"/>	13 <input type="checkbox"/>	13 <input type="checkbox"/>	13 <input type="checkbox"/>	13 <input type="checkbox"/>
Other	14 <input type="checkbox"/>	14 <input type="checkbox"/>	14 <input type="checkbox"/>	14 <input type="checkbox"/>	14 <input type="checkbox"/>

→ If 'Other', please state below: E.g. Person number: 1 Nature of business/industry: Manufacturing

Person number:	<input type="text"/>	Nature of business/industry:	<input type="text"/>
Person number:	<input type="text"/>	Nature of business/industry:	<input type="text"/>
Person number:	<input type="text"/>	Nature of business/industry:	<input type="text"/>
Person number:	<input type="text"/>	Nature of business/industry:	<input type="text"/>
Person number:	<input type="text"/>	Nature of business/industry:	<input type="text"/>

Q27 In your main/ last job role, are (were) you:					
(Please tick one box only)					
An employee	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Self-employed without employees	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Self-employed with employees	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>

Q28 In your main job role, do (did) you supervise any employees?					
(Please tick one box only)					
Yes	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
No	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>

SCHEDULE 2: PERSON INFORMATION - Secondary Work and Informal Work in Agriculture**Q29 Other job e.g. part time or weekend work, please state and include name of employer.**

(If you do not have another job, please state 'NONE' in the space provided below.)

Person 1: Job title:
Employer:

Person 2: Job title:
Employer:

Person 3: Job title:
Employer:

Person 4: Job title:
Employer:

Person 5: Job title:
Employer:

	Person 1	Person 2	Person 3	Person 4	Person 5
Q30 Apart from your main job role , were you engaged in any form of agricultural production during the past year? (business only- do not count home production for household use)					
Yes	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
No	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
→ If No, please proceed to Schedule 3: Visitor Information.					

Q31 What was the nature of agricultural production in which you were involved?

	Person 1	Person 2	Person 3	Person 4	Person 5
Growing of crops; market gardening; horticulture	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Farming of animals	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Mixed (i.e. growing crops and farming animals)	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>

Q32 What was your employment status within your secondary agricultural job role?

	Person 1	Person 2	Person 3	Person 4	Person 5
Regular part time employment	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Informal (voluntary/ no monetary reward)	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Seasonal employment	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Other	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>

→ If 'Other', please state below:	E.g. Person number: 1	Employment status: Weekend paid worker
Person number: <input type="text"/>	Employment status:	
Person number: <input type="text"/>	Employment status:	
Person number: <input type="text"/>	Employment status:	
Person number: <input type="text"/>	Employment status:	
Person number: <input type="text"/>	Employment status:	

End of Schedule 2: Person Information. Please proceed to Section 3: Visitor Information.

SCHEDULE 3: VISITORS

PERSON INFORMATION RELATING TO VISITORS TO YOUR HOUSEHOLD ON CENSUS NIGHT (AS DESCRIBED IN TABLE 2 Pg.2)

	Person 1	Person 2	Person 3	Person 4	Person 5
Q1 Gender					
Male	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Female	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Q2 Date of birth <i>Example:</i>					
Day	<i>15th</i> <input type="text" value="15"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	<input type="text" value="05"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year	<input type="text" value="1989"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Q3 Place of usual residence					
UK	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Ascension	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Falkland Islands	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
South Africa	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Other	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
If 'Other', please state below: E.g. Person number: 1 Place of usual residence: Indonesia					
Person number:	<input type="text"/>	Place of usual residence:			
Person number:	<input type="text"/>	Place of usual residence:			
Person number:	<input type="text"/>	Place of usual residence:			
Person number:	<input type="text"/>	Place of usual residence:			
Person number:	<input type="text"/>	Place of usual residence:			
Q4 Which of the following best describes your status on St Helena?					
Islander/St Helenian status/residency permit (usually residing on St Helena)	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Islander/St Helenian status/residency permit (not usually residing on St Helena)	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Short term entry permit holder/visitor	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Long term entry permit holder/visitor	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
SHG work permit holder, or spouse/partner/ dependant of holder	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Other work permit holder, or spouse/partner/ dependant of holder	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>

Thank-you for taking part in the 2016 Population and Housing Census
Please return to the Declaration on the first page of the questionnaire.

Glossary - a list of some of the words you may not be familiar with.

Caring	Not counting anything done as part of paid employment, does this person look after, or give any help or support to family members, friends, neighbours, or others because of long-term physical or mental ill-health or disability, or problems related to old age.
Census	A complete count. In this case a count of the housing stock and population of St Helena.
Disability Status	Whether you have any physical or cognitive constraints which mean you need help or support with day-to-day activities
Dwelling	The building in which people live- could be a house, a flat or a caravan. A dwelling may contain more than one household (see below).
Economic Activity	Whether or not you are part of the available labour force for the island. You could be working or looking for work (economically active) or retired, studying, or unable/ not wanting to work for any reason (economically inactive).
Enumerated	Counted during a census.
Enumerator	The person who gives you and collects the census form.
Household	A person who lives alone or a group of people who live at the same address and share one meal a day or share a living or sitting room.
Industry	The main business of your employer e.g. Agriculture, Retail, Public Services.
Marital Status	Whether you are, for example, married, single, divorced, separated, widowed.
Occupation	The work you do.
Qualification	The ability to carry out work based on a skill that you have learnt or a course that you have completed.
A / AS Level	Advanced level qualifications, usually sat at the end of secondary school. In the UK school system these exams are usually sat by pupils at around 18 years of age who have chosen to stay on at school at the end of compulsory education.
GCSE / O Level/ CSE	General Certificate of Education or Ordinary level qualification are school examinations which are usually sat at the end of formal secondary education. In the UK schools system pupils are typically around about 16 years of age when they sit these exams.
NVQ/ GNVQ	Vocational Qualifications. These are studies at a range of levels equivalent with academic qualifications starting at GCSE level up to Advanced Degree Level.
Relationship	How you are related to another person in your household, for example husband, wife, partner, son, daughter, step-child, brother, sister, mother, father, grandparent, step-mother, step-father, son-in-law, daughter-in-law, grandchild.
Residents	People who live in a house.
Usual residence	Where you normally live or spend most time (4 nights out of 7 or more)

PILOT

ARE THERE ANY OTHER TERMS YOU WOULD LIKE TO SEE COVERED IN THIS SHORT GLOSSARY? LET US KNOW...

Further help is provided in the "Guidance Notes for Respondents". Please ask your enumerator for a copy of this if you think it would help.

Need help completing this questionnaire?

We are on hand to provide any help or support you need to complete the census questionnaire.

Your enumerator has a copy of a booklet **"Guidance Notes for Respondents"**. If you think this will help you to understand how to complete the questionnaire and what information we are looking for please ask for a copy.

Your enumerator is trained in providing support in completing the questionnaire. Please ask if you would like them to complete the questionnaire with you.

If you would like help but do not wish to complete the form with your enumerator they can arrange for someone else to visit and provide the support you need.

If you have questions you can contact the Statistics Office on tel: 22138 or call in to the office with your questionnaire.

The Statistics Office is situated on the first floor of the Castle- straight across the court yard, up the first flight of stairs, second door on the right.

We are planning to hold sessions at community centres and on the radio to provide further support and answer frequently asked questions. Look out for announcements on the radio and in the newspapers for times and locations of these sessions.

Need more forms?

You may need additional forms if:

- You have more than 5 people living in your house
- You have more than 5 overnight visitors on census night
- You have household members who are currently overseas and wish to take part in the census

You can get copies of these forms from your enumerator or directly from the Statistics Office. Call us on 22138 or visit us in the office.

PILOT QUESTION - IS THERE ANY OTHER INFORMATION OR TEXT YOU WOULD LIKE TO SEE HERE? LET US KNOW...

What happens next?

- Thank you for taking part in the 2016 Population and Housing Census. The information you have provided will be used for many years to come to plan effectively and provide evidence for decision making on St Helena.
- Please ensure your questionnaire is returned to the Statistics Office. Your enumerator will have agreed with you if they will call back to collect your questionnaire or if you will return it to the Statistics Office yourself. If your questionnaire is not collected when you expect please contact the Statistics Office on tel. 22138.
- Results from the Census will be made available over the coming months. You will hear more through radio announcements and newspaper articles. You can also visit the Statistics Office website www.sainthelena.gov.sh/statistics to check for updates on the census and other statistical outputs.