



**St Helena  
Government**

Census 2021



St Helena Island

## CONFIDENTIAL

# 2021 Population and Housing Census - Form A: Household Questionnaire

The information in this Census is **CONFIDENTIAL**.  
It will be used for statistical purposes only.

**This form is prepared in accordance with the Census Ordinance CAP 159 and is the property of St Helena Government. It is a legal obligation to complete the Census.** Not to do so is an offence punishable by a fine, and/or imprisonment. Disposal or destruction of this document may also result in a fine or further penalty.

## Census night is Day X<sup>th</sup> Month 2021

The completed form must be available for collection by:

**Day X<sup>th</sup> Month 2021**

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 **Day X<sup>th</sup> Month 2021, 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.

**Neil Fantom**

**Statistical Commissioner/ Census Supervisor**

### *This section is for official use only*

Date of distribution:


Date of collection:

Form ID:

--	--	--	--	--	--

Footprint ID:


Enumerator (initials):

--

## General information:

The answers in this form should relate to **Census Night, Day X Month 2021**. 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.

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

A **household** is:

- one person living alone, or
- 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, including anyone absent for less than a year. Please do not include persons in institutions (e.g. Sheltered accommodation/prison etc.) as these persons will fill out a separate form. **SEE BACK PAGE FOR FURTHER INFORMATION.**

#### SCHEDULE 3: VISITOR INFORMATION

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?

Where written answers are required, please **write in CAPITAL LETTERS**. 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. If mistakes are made, please strike through with a single horizontal line (as shown below) and rewrite/ select the correct response.

#### SCHEDULE 1: HOUSEHOLD INFORMATION

Form ID:

#### H5 Dwelling type: Is the dwelling you live in a

(Please tick **one** box only)

Detached house  
1

Semi-detached/terraced  
2

Flat  
3

Other

Please state: BACHELORS QUARTERS

### 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**

**SCHEDULE 1: HOUSEHOLD INFORMATION**

Name and address of householder responsible for completing and returning the questionnaire.

<b>Full Name:</b>			
<b>Full Address:</b>			
<b>District:</b>		<b>Contact No:</b>	
<b>DECLARATION: I declare that this is a true return, completed to the best of my knowledge and belief.</b>			
<b>Signed:</b>		<b>Date:</b>	
<b>by or on behalf of the householder responsible for completing the questionnaire</b>			

**H1 Who usually lives here? (all questions relate to Census Night)***(Please put a number in the box)*

<input type="checkbox"/>	Me, this is my permanent home
<input type="checkbox"/>	Family members including partners, children and babies
<input type="checkbox"/>	Housemates, tenants or lodgers
<input type="checkbox"/>	People who usually live elsewhere, who are staying for 6 months or more
<input type="checkbox"/>	Other people who are temporarily away from home on St Helena or overseas

**Other people who usually live here but are temporarily overseas, of which:**

<input type="checkbox"/>	People who work away from St Helena for a period up to 6 months, if this is their permanent address
<input type="checkbox"/>	Persons overseas on holiday
<input type="checkbox"/>	Persons overseas for medical treatment/investigations
<input type="checkbox"/>	Persons on overseas training
<input type="checkbox"/>	<b>Total number of people usually living here</b>

**H2 Starting with yourself, list the names of all the people counted in H1**

Person No	Full Name	Nickname
Person 1		
Person 2		
Person 3		
Person 4		
Person 5		

*If there are more than 5 people, contact your enumerator or the Statistics Office for an extra form.*

If you have more than 5 members usually resident in your household please indicate below and request an extra form. Fill in schedule 2 (Person Information) only for these extra people on the additional 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 for these persons (tick box):

The Form ID of the extra form is:


**SCHEDULE 1: HOUSEHOLD INFORMATION continued**

**H3 Apart from everyone counted in H1, who else is staying overnight here on XXXXXX. These people are counted as visitors. Remember to include children and babies.**

*(Please put a number in the box)*

- People who usually live somewhere else on St Helena, e.g. boy/girlfriends, friends, relatives
- People staying here because it is their second address. Their permanent home is elsewhere
- People who usually live outside of St Helena who are staying for less than 6 months
- People here on holiday
  
- Total number of visitors**

**H4 List the names of all persons counted in H3**

Person No	Full Name	Nickname
Person 1		
Person 2		
Person 3		
Person 4		
Person 5		

*If there are more than 5 people, contact your enumerator or the Statistics Office for an extra form.*

**If you have more than 5 visitors in your household please indicate below and request an extra form. Fill in schedule 3 only for these extra people on the additional 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 for these persons (tick box):**

**The Form ID of the extra form is:**

--	--	--	--	--	--

**SCHEDULE 1: HOUSEHOLD INFORMATION continued**

**H5 Dwelling type: Is the dwelling you live in a:**

(Please tick **one** box only)

Detached house/bungalow	Semi-detached/ Terraced	Flat	Other (please state)
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/> _____

**H6 Is the dwelling you live in shared with, or occupied by, any other household?**

(Please tick **one** box only)

1 <input type="checkbox"/>	Yes	→ If <b>yes</b> , please state the total number of households in the dwelling, including your own:	<input type="checkbox"/>
2 <input type="checkbox"/>	No		

**H7 Do you own or look after a dwelling that is not occupied at this time?**

(Please tick **one** box only)

1 <input type="checkbox"/>	Yes	→ If <b>yes</b> , please state the number:	<input type="checkbox"/>
2 <input type="checkbox"/>	No	Please ask your enumerator for an 'Unoccupied Dwelling' form (Form D), for <b>each</b> dwelling you look after that is <b>not occupied</b> at the time of the Census.	

**The following questions relate to the dwelling you are currently living in.**

**H8 Does your household own or rent this accommodation?**

(Please tick **one** box only)

1 <input type="checkbox"/>	Owns Outright	} — Go to question H10
2 <input type="checkbox"/>	Owns with a mortgage or loan	
3 <input type="checkbox"/>	Part owns and part rents (shared ownership)	
4 <input type="checkbox"/>	Rents	
5 <input type="checkbox"/>	Lives here rent free	

**H9 Who is your landlord?**

(Please tick **one** box only)

1 <input type="checkbox"/>	SHG Government Landlord Housing	} — Please state the name and address of the property owner. _____ _____
2 <input type="checkbox"/>	SHG Chief Secretary Housing	
3 <input type="checkbox"/>	Private Landlord	
4 <input type="checkbox"/>	Employer of a household member - Non Government	
5 <input type="checkbox"/>	Employer of a household member - Government	
6 <input type="checkbox"/>	Relative or friend of a household member	
7 <input type="checkbox"/>	Other	

**H10 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]

**H11 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]

**H12 Kitchen: Does your household have an area designated/equipped for the preparation of food?**

(Please tick **one** box only)

- 1  Yes, separate cooking area inside
- 2  Yes, combined cooking and dining area inside
- 3  Yes, outside cooking area only
- 4  Other (please state): \_\_\_\_\_
- 5  No designated cooking area

**H13 Does this household have a kitchen sink?**

(Please tick **one** box only)

- 1  Yes
- 2  No

**H14 Bathroom: Does your household have:**

(Please tick **one** box only)

- 1  Fixed bath/shower in bathroom within main housing unit
- 2  Fixed bath/shower (exclusive use) outside main housing unit
- 3  Fixed bath/shower (shared use) outside main housing unit
- 4  No fixed bath/shower available, but fixed sink/wash basin available
- 5  No fixed bath/shower available, and no fixed sink/wash basin available

**H15 Are the main toilet facilities for this household:**

(Please tick **one** box only)

- 1  Flush toilet within main housing unit
- 2  Other toilet within main housing unit (please state) \_\_\_\_\_
- 3  Flush toilet outside main housing unit, exclusive use
- 4  Other toilet outside main housing unit, exclusive use (please state) \_\_\_\_\_
- 5  Flush toilet, shared with another household
- 6  Other toilet, shared with another household (please state) \_\_\_\_\_
- 7  No toilet facilities available

**SCHEDULE 1: HOUSEHOLD INFORMATION continued****H16 What is the sewer system for this dwelling?**(Please tick **one** box only)

- 1  Public System (i.e. connected to Connect St Helena Ltd system)
- 2  Private or Individual System (e.g. septic tank)
- 3  Other (Please state) \_\_\_\_\_
- 4  No sewerage system

**H17 Is the main water supply to this dwelling:**(Please tick **one** box only)

- 1  Treated supply from Connect St Helena Ltd
- 2  Untreated piped supply inside the dwelling from Connect St Helena Ltd
- 3  Untreated piped supply to outside tank/taken from standpipe (supplied by Connect Saint Helena Ltd.)
- 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) → \_\_\_\_\_

**H18 Does your household have piped hot water? (including from geyser or chip boiler)**(Please tick **one** box only)

- 1  Yes
- 2  No

**H19 Does this dwelling have an operational solar water heater?**(Please tick **one** box only)

- 1  Yes
- 2  No

**H20 Does this household generate on-site power through use of renewable energy sources?**(Please tick **all that apply**)

- 1  Wind turbines
- 2  Solar/PhotoVoltaic (PV) cells
- 3  Other (please state) \_\_\_\_\_
- 4  No, do not generate on-site power

**H21 What is the main power/fuel used for lighting in this household?**(Please tick **one** box only)

- 1  Electric mains only
- 2  Mobil or Calor gas bottles
- 3  Other (please state) \_\_\_\_\_

**SCHEDULE 1: HOUSEHOLD INFORMATION continued****H22 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 below)
- 

## 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 below)
- 

**H23 Is the roof of the dwelling you occupy made of:**(Please tick **one** box only)

- 1  Metal sheeting
- 2  Asbestos sheeting
- 3  Combination - both metal sheeting and asbestos sheeting
- 4  Slate or tile
- 5  Other (please state)
- 6  Don't know
- 

**H24 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)

## Vehicles and boats

- 1  Cars
- 2  Landrovers, vans and pickups
- 3  Motor cycles and scooters
- 4  Other motor vehicles
- 5  Boats with motors
- 6  Other boats

**H25 Other Assets - durable goods, telecommunications and safety equipment**(Please tick **all that apply**)

- |                            |                                |                            |   |
|----------------------------|--------------------------------|----------------------------|---|
| 1 <input type="checkbox"/> | Fridge-Freezer (combined unit) | 9 <input type="checkbox"/> | Video playback device, DVD equipment (including USB capability) |
| 2 <input type="checkbox"/> | Deep freezer/Chest freezer     | A <input type="checkbox"/> | Personal computer, laptop or tablet computer                    |
| 3 <input type="checkbox"/> | Fridge (with ice box)          | B <input type="checkbox"/> | Games console (e.g. Xbox, Nintendo, Playstation)                |
| 4 <input type="checkbox"/> | Washing machine                | C <input type="checkbox"/> | Internet access   |
| 5 <input type="checkbox"/> | Dishwasher                     | D <input type="checkbox"/> | Telephone (landline)  |
| 6 <input type="checkbox"/> | Radio                          | E <input type="checkbox"/> | Mobile phone  |
| 7 <input type="checkbox"/> | Television subscription        | F <input type="checkbox"/> | Smoke alarm   |
| 8 <input type="checkbox"/> | Television screen              | G <input type="checkbox"/> | Fire extinguisher   |



**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 3).

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

	Person 1	Person 2	Person 3	Person 4	Person 5
<b>P1 Gender</b>					
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"/>

**P2 Date of birth** *Example:*

Day	<i>20<sup>th</sup> May 1968</i>	<i>20</i>					
Month		<i>05</i>					
Year		<i>1968</i>					

**P3 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"/>
Co-habiting/ living together	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Separated	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Divorced	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Widowed	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>

**P4 Relationship to Person 1**

Person completing questionnaire	1 <input checked="" 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 (please clarify below)		9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>
Not related (please clarify below)		10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <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: .....
Person number:	<input type="text"/>	Status in household: .....
Person number:	<input type="text"/>	Status in household: .....
Person number:	<input type="text"/>	Status in household: .....
Person number:	<input type="text"/>	Status in household: .....

**SCHEDULE 2: PERSON INFORMATION continued**

	Person 1	Person 2	Person 3	Person 4	Person 5
<b>P5 Place of birth</b>					
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: Falklands

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

**P6 Place of usual residence (where have you lived for the majority of the last 6 months?)**

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: Germany

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:	.....

**P7 What is your nationality?**

St Helenian	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>
South African	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>
British (Not incl. St Helenians)	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>
American	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 Nationality: German

Person number:	<input type="text"/>	Nationality:	.....
Person number:	<input type="text"/>	Nationality:	.....
Person number:	<input type="text"/>	Nationality:	.....
Person number:	<input type="text"/>	Nationality:	.....
Person number:	<input type="text"/>	Nationality:	.....

**SCHEDULE 2: PERSON INFORMATION continued**

	Person 1	Person 2	Person 3	Person 4	Person 5
<b>P8a Religion: Do you have a faith?</b>					
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"/>
Prefer not to say	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
➔ If no or prefer not to say please proceed to P9 if St Helenian, otherwise turn over to proceed to P11					

<b>P8b If yes, please indicate below:</b> (If you prefer not to state your denomination, please proceed to P9)					
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"/>
Other	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>

➔ If 'Other', please state below: e.g. Person number: 1 Faith or Denomination: Buddhist

Person number:	<input type="checkbox"/>	Faith or Denomination:	.....
Person number:	<input type="checkbox"/>	Faith or Denomination:	.....
Person number:	<input type="checkbox"/>	Faith or Denomination:	.....
Person number:	<input type="checkbox"/>	Faith or Denomination:	.....
Person number:	<input type="checkbox"/>	Faith or Denomination:	.....

**For St Helenians Only** - questions P9 to P10 will help to understand the effect of the airport on overseas travel, and the importance of overseas employment.

If you are not St Helenian, please leave this section blank and proceed to P11 overleaf.

<b>P9 Have you ever left the Island to visit another country?</b>					
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"/>

<b>P10 Have you ever worked overseas?</b>					
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"/>

**SCHEDULE 2: PERSON INFORMATION - Health and Well-being**

	Person 1	Person 2	Person 3	Person 4	Person 5
--	----------	----------	----------	----------	----------

<b>P11</b>	<b>Do you have difficulty seeing, even if wearing glasses?</b>					
	No - no difficulty	1	1	1	1	1
	Yes - some difficulty	2	2	2	2	2
	Yes - a lot of difficulty	3	3	3	3	3
	Cannot do at all	4	4	4	4	4

<b>P12</b>	<b>Do you have difficulty hearing, even if using a hearing aid?</b>					
	No - no difficulty	1	1	1	1	1
	Yes - some difficulty	2	2	2	2	2
	Yes - a lot of difficulty	3	3	3	3	3
	Cannot do at all	4	4	4	4	4

<b>P13</b>	<b>Do you have difficulty walking or climbing steps?</b>					
	No - no difficulty	1	1	1	1	1
	Yes - some difficulty	2	2	2	2	2
	Yes - a lot of difficulty	3	3	3	3	3
	Cannot do at all	4	4	4	4	4

<b>P14</b>	<b>Do you have difficulty remembering or concentrating?</b>					
	No - no difficulty	1	1	1	1	1
	Yes - some difficulty	2	2	2	2	2
	Yes - a lot of difficulty	3	3	3	3	3
	Cannot do at all	4	4	4	4	4

<b>P15</b>	<b>Do you have difficulty (with self-care such as) washing all over or dressing?</b>					
	No - no difficulty	1	1	1	1	1
	Yes - some difficulty	2	2	2	2	2
	Yes - a lot of difficulty	3	3	3	3	3
	Cannot do at all	4	4	4	4	4

<b>P16</b>	<b>Using your usual (customary) language, do you have difficulty communicating, e.g. understanding or being understood?</b>					
	No - no difficulty	1	1	1	1	1
	Yes - some difficulty	2	2	2	2	2
	Yes - a lot of difficulty	3	3	3	3	3
	Cannot do at all	4	4	4	4	4

**TO BE COMPLETED IN RELATION TO ALL PERSONS 18 YEARS AND OVER**

<b>P17</b>	<b>Do you smoke cigarettes?</b>					
	Yes	1	1	1	1	1
	No	2	2	2	2	2

**SCHEDULE 2: PERSON INFORMATION continued**

The remaining questions relate to Education and Employment and should be answered **by all persons aged 16 and older who have completed their compulsory education** (i.e. have completed year 11 at Prince Andrew School).

	Person 1	Person 2	Person 3	Person 4	Person 5
<b>P18 Education: What is the highest stage of full time education you have completed?</b> (Please tick <b>one</b> box only)					
Town or Country Senior School	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Secondary Selective	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Secondary Compulsory	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Secondary Optional/ Trade/ College	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Univeristy/ Higher education	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>

**P19 Total number of years of full time education completed:**  
Please enter the total number of years you have completed in **full time education**, include any education that was undertaken after you left school, provided it was on a full time basis.

Total number of years completed

--	--	--	--	--

We would like to know how many adults on St Helena left compulsory secondary education or senior school with qualifications, or achieved them later in life through an adult learning programme. In the following questions we call these qualifications GCSEs or O Levels.

If you went to school in a different country, or before these exams were introduced on St Helena, your qualification(s) may have a different name. They all relate to the same thing- passing an exam at the end of compulsory education (aged around 15 or 16).

	Person 1	Person 2	Person 3	Person 4	Person 5
<b>P20 Have you earned GCSEs/ O Levels or equivalent in the following:</b>					
English	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Maths	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Other Subjects	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
None at all	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>

**P21 What is the highest level qualification that you have obtained? (Please state below)**

**Person 1:** Level: .....  
Subject: .....

**Person 2:** Level: .....  
Subject: .....

**Person 3:** Level: .....  
Subject: .....

**Person 4:** Level: .....  
Subject: .....

**Person 5:** Level: .....  
Subject: .....

**SCHEDULE 2: PERSON INFORMATION continued**

	Person 1	Person 2	Person 3	Person 4	Person 5
<b>P22 Employment: On Census Night, were you:</b> (Please tick <b>any</b> 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 or long-term sick <b>AND UNABLE TO WORK</b>	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>
Other	B <input type="checkbox"/>	B <input type="checkbox"/>	B <input type="checkbox"/>	B <input type="checkbox"/>	B <input type="checkbox"/>

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

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

**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.**

Your main job role is the job in which you usually work the most hours.

If you are not working at the time of the census, please complete questions 23-26 in relation to the last job/ employment you held.

**This applies even if you are retired and/or you have not worked for a number of years.**

	Person 1	Person 2	Person 3	Person 4	Person 5
<b>P23 In your main/ last job role, are (were) you:</b> (Please tick <b>one</b> 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"/>
<b>P24 In your main job role, do (did) you supervise any employees?</b> (Please tick <b>one</b> 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 continued**

**P25 Main job and Employer**

What is (was) your full job title and the name of the organisation you work(ed) for?  
 (e.g. Job title: SHOP ASSISTANT. Employer: THORPES. For those who have never worked enter 'NONE'.  
 If working for St Helena 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)

**Person 1    Person 2    Person 3    Person 4    Person 5**

**P26 Nature of business/ industry of main/ last job role.**

(Please tick **one** box only)

Agriculture and Forestry	A	<input type="checkbox"/>	A	<input type="checkbox"/>	A	<input type="checkbox"/>	A	<input type="checkbox"/>	A	<input type="checkbox"/>
Fishing	B	<input type="checkbox"/>	B	<input type="checkbox"/>	B	<input type="checkbox"/>	B	<input type="checkbox"/>	B	<input type="checkbox"/>
Quarrying	C	<input type="checkbox"/>	C	<input type="checkbox"/>	C	<input type="checkbox"/>	C	<input type="checkbox"/>	C	<input type="checkbox"/>
Manufacturing	D	<input type="checkbox"/>	D	<input type="checkbox"/>	D	<input type="checkbox"/>	D	<input type="checkbox"/>	D	<input type="checkbox"/>
Electricity supply	E	<input type="checkbox"/>	E	<input type="checkbox"/>	E	<input type="checkbox"/>	E	<input type="checkbox"/>	E	<input type="checkbox"/>
Water supply	F	<input type="checkbox"/>	F	<input type="checkbox"/>	F	<input type="checkbox"/>	F	<input type="checkbox"/>	F	<input type="checkbox"/>
Construction	G	<input type="checkbox"/>	G	<input type="checkbox"/>	G	<input type="checkbox"/>	G	<input type="checkbox"/>	G	<input type="checkbox"/>
Wholesale and retail trade	H	<input type="checkbox"/>	H	<input type="checkbox"/>	H	<input type="checkbox"/>	H	<input type="checkbox"/>	H	<input type="checkbox"/>
Repair of motor vehicles	I	<input type="checkbox"/>	I	<input type="checkbox"/>	I	<input type="checkbox"/>	I	<input type="checkbox"/>	I	<input type="checkbox"/>
Transportation and storage	J	<input type="checkbox"/>	J	<input type="checkbox"/>	J	<input type="checkbox"/>	J	<input type="checkbox"/>	J	<input type="checkbox"/>
Accommodation	K	<input type="checkbox"/>	K	<input type="checkbox"/>	K	<input type="checkbox"/>	K	<input type="checkbox"/>	K	<input type="checkbox"/>
Food services	L	<input type="checkbox"/>	L	<input type="checkbox"/>	L	<input type="checkbox"/>	L	<input type="checkbox"/>	L	<input type="checkbox"/>
Information and communication (inc.media)	M	<input type="checkbox"/>	M	<input type="checkbox"/>	M	<input type="checkbox"/>	M	<input type="checkbox"/>	M	<input type="checkbox"/>
Financial and insurance services	N	<input type="checkbox"/>	N	<input type="checkbox"/>	N	<input type="checkbox"/>	N	<input type="checkbox"/>	N	<input type="checkbox"/>
Other business services	O	<input type="checkbox"/>	O	<input type="checkbox"/>	O	<input type="checkbox"/>	O	<input type="checkbox"/>	O	<input type="checkbox"/>
Public administration	P	<input type="checkbox"/>	P	<input type="checkbox"/>	P	<input type="checkbox"/>	P	<input type="checkbox"/>	P	<input type="checkbox"/>
Education	Q	<input type="checkbox"/>	Q	<input type="checkbox"/>	Q	<input type="checkbox"/>	Q	<input type="checkbox"/>	Q	<input type="checkbox"/>
Human health and social work activities	R	<input type="checkbox"/>	R	<input type="checkbox"/>	R	<input type="checkbox"/>	R	<input type="checkbox"/>	R	<input type="checkbox"/>
Arts, entertainment and recreation	S	<input type="checkbox"/>	S	<input type="checkbox"/>	S	<input type="checkbox"/>	S	<input type="checkbox"/>	S	<input type="checkbox"/>
Other service activities	T	<input type="checkbox"/>	T	<input type="checkbox"/>	T	<input type="checkbox"/>	T	<input type="checkbox"/>	T	<input type="checkbox"/>
Other	U	<input type="checkbox"/>	U	<input type="checkbox"/>	U	<input type="checkbox"/>	U	<input type="checkbox"/>	U	<input type="checkbox"/>

→ If 'Other', please state below:

Person number:  Nature of business/industry: .....

Person number:  Nature of business/industry: .....

Person number:  Nature of business/industry: .....

Person number:  Nature of business/industry: .....

Person number:  Nature of business/industry: .....

**SCHEDULE 2: PERSON INFORMATION continued**

**P27 Other job e.g. part time or weekend work, please state the nature of the business/ industry.**

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

**Person 1:** Job title: .....  
Nature of Business: .....

**Person 2:** Job title: .....  
Nature of Business: .....

**Person 3:** Job title: .....  
Nature of Business: .....

**Person 4:** Job title: .....  
Nature of Business: .....

**Person 5:** Job title: .....  
Nature of Business: .....

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



**SCHEDULE 3: VISITORS TO YOUR HOUSEHOLD**

This section is about people visiting your household on Census night (as described in Table 2 on Page 4)

	Person 1	Person 2	Person 3	Person 4	Person 5
<b>V1 Gender</b>					
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"/>

<b>V2 Date of birth</b>			<i>Example:</i>				
Day	15 <sup>th</sup> May 1989	15					
Month		05					
Year		1989					

<b>V3 Place of usual residence (where have you lived for the majority of the last 6 months?)</b>						
St Helena (* see note below)	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
UK	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Ascension	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Falkland Islands	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
South Africa	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Other	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <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:	.....

<b>V4 What is your nationality?</b>						
St Helenian	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
South African	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
British (Not incl. St Helenians)	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
American	4 <input type="checkbox"/>	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"/>	5 <input type="checkbox"/>

→ If 'Other', please state below: e.g. Person number: 1 Nationality: German

Person number:	<input type="text"/>	Nationality:	.....
Person number:	<input type="text"/>	Nationality:	.....
Person number:	<input type="text"/>	Nationality:	.....
Person number:	<input type="text"/>	Nationality:	.....
Person number:	<input type="text"/>	Nationality:	.....

\* For St Helenian visitors on Census night please ask the person to ensure that person level information is completed at their home address.

Thank-you for taking part in the 2021 Population and Housing Census.  
Please return to the first page of the questionnaire to sign the Declaration.

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

<b>Census</b>	A complete count. In this case a count of the housing stock and population of St Helena.
<b>Disability Status</b>	Whether you have any physical or cognitive constraints which mean you need help or support with day-to-day activities.
<b>Dwelling</b>	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).
<b>Dwelling Type</b>	A separate or free standing house. Semi-detached and terraced houses share one or more walls with neighbouring house(s).
<b>Economic Activity</b>	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).
<b>Enumerated</b>	Counted during a census.
<b>Enumerator</b>	The person who gives you and collects the census form.
<b>Household</b>	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.
<b>Industry</b>	The main business of your employer e.g. Agriculture, Retail, Public Services.
<b>Marital Status</b>	Whether you are, for example, married, single, divorced, separated, widowed.
<b>Occupation</b>	The work you do.
<b>Qualification GCSE / O Level/ CSE</b>	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.
<b>Relationship</b>	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.
<b>Residents</b>	People who live in a house.
<b>Usual residence</b>	Where you normally live or, if you count more than one place on St Helena as "home", the place you spent most time in the week before the Census (4 nights out of 7 or more). If you regularly split your time between different houses or count more than one place as your official home address it does not matter which you pick as your usual residence- just ensure your full details are completed at <b>ONE ADDRESS ONLY</b> .
<b>Visitor</b>	A person who will sleep in the house on Census night but <i>usually</i> lives elsewhere, either on island or overseas.

**If further help is needed please ask your enumerator or contact the Statistics Office, we will arrange for someone to come and help you.**

## **Need help completing this questionnaire?**

We are on hand to provide any help or support you need to complete the census questionnaire. 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 call 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 can get copies of these forms from your enumerator or directly from the Statistics Office.

## **What happens next?**

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 can also visit the Statistics website [www.sainthelena.gov.sh/statistics](http://www.sainthelena.gov.sh/statistics) to check for updates on the Census and other statistical outputs

**Thank you for taking part in the 2021 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.**