



**St Helena  
Government**



**CONFIDENTIAL**

**2021 Population and Housing Census -  
Form E: Personal Questionnaire**

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.**

**This form is to be used as :**

**An extension form - to record person level information for households with more than 5 residents,**

**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 the inside cover **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-**

Please complete your census questionnaire on Day Xth 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:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Footprint ID:

Enumerator (initials):

# Before you start.....

## General information:

- The answers in this form should relate to **Census Night, Day X Month 2021**.
- All information supplied will be kept **strictly confidential**. It will be used for **statistical purposes only**.

## Completing the form:

### Who should complete the questionnaire?

#### If this form is being used as an extension for households with more than 5 residents:

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.

#### If this form is being used by a resident of a communal establishment:

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

When completed this form should be returned to the manager of the establishment who is responsible for ensuring that it is returned to the Statistics Office.

## Section 1: Who is this form being used for?

### 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>			

### E1 Why is this form being completed?

- Extension form for household
- Individual within household
- Individual within Communal Establishment

### E2 How many people is this form being used for?

(Please enter number in box)

## Table 1: Person List

Please list the names of all people for whom this form is being completed. Please note that the person numbers in this table refer to the person numbers in Schedule 2 - Person Information (i.e. person 1 in this table will be person 1 in schedule 2).

### Please start with the person responsible for completing and returning this questionnaire.

Person No.	Full name	Nickname (if applicable)
Person 1		
Person 2		
Person 3		
Person 4		
Person 5		

**SCHEDULE 2: PERSON INFORMATION.**

The following questions relate to persons who are usually resident and are on St Helena on Census night. If you are using the form as an overflow form or as an extension form as the household has more than five usual residents use persons 1 to 5 as persons 6 to 10.

(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**

Completing questionnaire as an individual 1

OR - if using as an extension form, relationship to Person 1 on main household questionnaire.

Spouse/partner	2 <input type="checkbox"/>	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"/>	3 <input type="checkbox"/>
Brother/sister	4 <input type="checkbox"/>	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"/>	5 <input type="checkbox"/>
Nephew/niece	6 <input type="checkbox"/>	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"/>	7 <input type="checkbox"/>
Mother/father	8 <input type="checkbox"/>	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"/>	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"/>	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="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
United Kingdom	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"/>
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 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="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"/>
United Kingdom	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"/>
South Africa	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"/>

→ 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="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"/>
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"/>
American	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 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 Do you have difficulty seeing, even if wearing glasses?</b>					
No - no difficulty	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>
Yes - some difficulty	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>
Yes - a lot of difficulty	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>
Cannot do at all	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>

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

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

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

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

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

<b>P16 Do you smoke cigarettes?</b>					
Yes	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>
No	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>

**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>P17 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"/>

**P18 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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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>P19 Have you earned GCSEs/ O Levels or equivalent in the following:</b>					
English (e.g. GCSE, O Level, or equivalent)	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Maths (e.g. GCSE, O Level, or equivalent)	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>

**P20 Please indicate the TOTAL number of GCSEs/ O Levels or equivalent earned (any passing grade):**  
(Please tick the **appropriate** box)

None	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
One to four	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Five or more	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>

**SCHEDULE 2: PERSON INFORMATION continued**

	Person 1	Person 2	Person 3	Person 4	Person 5
<b>P21 Employment: On Census Night, were you:</b> (Please tick <b>any box that applies</b> )					
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 22-25 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>P22 In your main/ last job role, are (were) you:</b> (Please tick <b>one box only</b> )					
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>P23 In your main job role, do (did) you supervise any employees?</b> (Please tick <b>one box only</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"/>



**SCHEDULE 2: PERSON INFORMATION continued**

**P24 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**

**P25 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**

**P26 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. Thank you for completing this questionnaire.**

## **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 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.**