



**St Helena
Government**



CONFIDENTIAL

2021 Population and Housing Census

Form E1: Personal Questionnaire

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 accurately 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. **Your personal information is protected by law: it will be used for statistical purposes only, and will not be shared with anyone outside of the Statistics Office. Census Questionnaires must remain confidential for 100 years.**

Census night is 7 February 2021

This census is a complete count of all the people on St Helena, and it provides a detailed picture of the characteristics of St Helena's population and housing stock. **Everyone is included:** all people, households and visitors. Taking part in the census is very important and is compulsory: the information collected will be used for planning and decision-making for years to come.

Please complete your census questionnaire on 7 February 2021, or as close as possible to this date. The completed form must be available for collection by the following day, the **8 February 2021**. The Declaration on page 1 must be signed by the person/householder responsible for completing and returning the form, and it is essential that the responses to all questions are fully complete and truthful. Please note that you could face a fine or imprisonment if you do not participate or if you supply false information.

Where can you get help? Please speak to your enumerator, who has been assigned to deliver and collect the forms and give you any assistance you need, or call the Statistics Office on 22138. Note that if you are not comfortable providing information to your enumerator for any reason, please contact the Statistics Office to make alternative arrangements.

Your Enumerator is: —————>

This form is to be used as an extension form for households with more than five household members (excluding visitors) on Census night, or for individuals who wish to complete their questionnaire separately (for visitors, please use Form E2 Visitors (Extension)). The Household ID should be the same as that of the parent household form. Please speak to your enumerator, contact the Statistics Office on tel. 22138, or email statistics.sainthelena.gov.sh if you have any questions about how this form should be used or completed.

Enter Household ID here: —————>

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Distribution date:

Collection date:

Before you start.....

Who should complete this questionnaire?

If this form is being used as an extension to Form A for a household with more than five persons, the same person who completed Form A is responsible for ensuring that this questionnaire is accurately and truthfully completed and returned, and is referred to as 'person 1' through the questionnaire.

If this form is being used for an individual, the individual is responsible for ensuring this questionnaire is accurately and truthfully completed and returned.

Please do not use this form for visitors to your household; if there are more than five visitors, please use Form E2 Visitors (Extension).

Name and address of person responsible for completing and returning the questionnaire:

Full Name:			
Full Address:			
District:		Contact No:	
DECLARATION: This is a true return, completed to the best of my knowledge and belief.			
Signed:		Date:	
by or on behalf of the householder or individual responsible for completing the questionnaire			

SCHEDULE 1

E1 Why is this form being used?

Please tick **one** box

- | | |
|--------------------------|----------------------------------------------------------|
| <input type="checkbox"/> | Extension form for household with more than five members |
| <input type="checkbox"/> | Individual within a household |
| <input type="checkbox"/> | Other individual |

E2 How many people is this form being used for?

Please enter a number in the box

E3 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).

Person No	Full Name	Nickname (optional)
Person 1		
Person 2		
Person 3		
Person 4		
Person 5		

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: all those listed in Question E3 on Page 1. If you are using the form as an extension to Form A, use persons 1 to 5 as persons 6 to 10 or persons 11 to 15, etc.

Please tick **one box** for each question for each person unless otherwise stated

	Person 1	Person 2	Person 3	Person 4	Person 5
P1 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"/>

P2 Date of birth and age

		Person 1	Person 2	Person 3	Person 4	Person 5
a Day	e.g. 20th May 1968	20				
b Month		05				
c Year		1968				
d Age (years)		52				

P3 Marital status

	Person 1	Person 2	Person 3	Person 4	Person 5
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 householder (i.e. to the person completing the questionnaire)

	Person 1	Person 2	Person 3	Person 4	Person 5
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"/>

e.g. Person number: 4 Status in household: **FRIEND OF PERSON 2**

e.g. Person number: 5 Status in household: **LODGER**

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

SCHEDULE 2: PERSON INFORMATION - Place of Birth and Nationality

Person 1 Person 2 Person 3 Person 4 Person 5

P5 Country of birth

St Helena	1	1	1	1	1
Ascension	2	2	2	2	2
United Kingdom	3	3	3	3	3
Falkland Islands	4	4	4	4	4
South Africa	5	5	5	5	5
Other (please state below)	6	6	6	6	6

E.g. Person number: **1** Place of birth: **FRANCE**

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"/>

P6 Country of residence

The place where you have lived for the last six months (including Ascension or the Falklands). If you live in several locations, please use the one that you consider to be your usual home.

St Helena	1	1	1	1	1
Ascension	2	2	2	2	2
United Kingdom	3	3	3	3	3
Falkland Islands	4	4	4	4	4
South Africa	5	5	5	5	5
Other (please state below)	6	6	6	6	6

E.g. Person number: **1** Place of usual residence: **GERMANY**

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"/>

P7a What is your nationality?

British	1	1	1	1	1
South African	2	2	2	2	2
Other (please state below)	3	3	3	3	3

E.g. Person number: **1** Nationality: **GERMAN**

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

P7b Are you St Helenian, either by birth or by naturalisation (i.e. 'Saint status')?

Yes, St Helenian	1	1	1	1	1
No, not St Helenian	2	2	2	2	2

SCHEDULE 2: PERSON INFORMATION - Religion and Travel Abroad

	Person 1	Person 2	Person 3	Person 4	Person 5
P8a Religion: Do you have a faith?					
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 you were born on St Helena, otherwise turn over to proceed to P11

P8b If yes, please indicate below

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"/>
Bah'ai	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>
Other (please state below)	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>

E.g. Person number: 1 Faith or Denomination: **BUDDHIST**

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

Questions P9 and P10 are for those born on St Helena only - they will help to understand the effect of the airport on overseas travel, and the importance of overseas employment. If you were not born on St Helena, please leave this section blank and proceed to P11 overleaf.

P9 Have you ever left the Island to visit another country?

If you were born on St Helena but currently live abroad, please answer 'Yes'

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"/>

P10 Have you ever worked overseas?

If you currently live abroad, please answer based on the time you have worked overseas

Yes - For five 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 more than five 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
P11 How is your health in general?					
<i>Please record you own views of your health, not what may or may not be recorded officially</i>					
Very good	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>
Good	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>
Fair	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>
Bad	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>
Very bad	5 <input type="text"/>	5 <input type="text"/>	5 <input type="text"/>	5 <input type="text"/>	5 <input type="text"/>

P12a Do you look after or give any help or support to family members, friends, neighbors, or other persons because of long-term physical or mental ill-health or disability, or problems relating to old age?

Please do not count normal child-care, or anything done as part of your paid employment

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"/>

➔ If no, please proceed to question P13

P12b If yes, please indicate the total time spent on this activity in a typical week:

1-9 hours	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>
10-19 hours	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>	2 <input type="text"/>
20-49 hours	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>	3 <input type="text"/>
50+ hours	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>	4 <input type="text"/>

QUESTION P13 TO BE COMPLETED IN RELATION TO ALL PERSONS 18 YEARS AND OVER

P13 Do you smoke cigarettes or tobacco?

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 - Health and Well-Being continued

QUESTIONS P14-19 TO BE COMPLETED ONLY FOR THOSE PERSONS FIVE AND OVER

Person 1 Person 2 Person 3 Person 4 Person 5

P14 Do you have difficulty seeing, even if wearing glasses?

Please tick one box

No - no difficulty	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>
Yes - some difficulty	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>
Yes - a lot of difficulty	3	<input type="checkbox"/>	3	<input type="checkbox"/>	3	<input type="checkbox"/>	3	<input type="checkbox"/>	3	<input type="checkbox"/>
Cannot do at all	4	<input type="checkbox"/>	4	<input type="checkbox"/>	4	<input type="checkbox"/>	4	<input type="checkbox"/>	4	<input type="checkbox"/>

P15 Do you have difficulty hearing, even if using a hearing aid?

Please tick one box

No - no difficulty	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>
Yes - some difficulty	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>
Yes - a lot of difficulty	3	<input type="checkbox"/>	3	<input type="checkbox"/>	3	<input type="checkbox"/>	3	<input type="checkbox"/>	3	<input type="checkbox"/>
Cannot do at all	4	<input type="checkbox"/>	4	<input type="checkbox"/>	4	<input type="checkbox"/>	4	<input type="checkbox"/>	4	<input type="checkbox"/>

P16 Do you have difficulty walking or climbing steps?

Please tick one box

No - no difficulty	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>
Yes - some difficulty	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>
Yes - a lot of difficulty	3	<input type="checkbox"/>	3	<input type="checkbox"/>	3	<input type="checkbox"/>	3	<input type="checkbox"/>	3	<input type="checkbox"/>
Cannot do at all	4	<input type="checkbox"/>	4	<input type="checkbox"/>	4	<input type="checkbox"/>	4	<input type="checkbox"/>	4	<input type="checkbox"/>

P17 Do you have difficulty remembering or concentrating?

Please tick one box

No - no difficulty	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>
Yes - some difficulty	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>
Yes - a lot of difficulty	3	<input type="checkbox"/>	3	<input type="checkbox"/>	3	<input type="checkbox"/>	3	<input type="checkbox"/>	3	<input type="checkbox"/>
Cannot do at all	4	<input type="checkbox"/>	4	<input type="checkbox"/>	4	<input type="checkbox"/>	4	<input type="checkbox"/>	4	<input type="checkbox"/>

P18 Do you have difficulty with self-care such as washing all over or dressing?

Please tick one box

No - no difficulty	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>
Yes - some difficulty	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>
Yes - a lot of difficulty	3	<input type="checkbox"/>	3	<input type="checkbox"/>	3	<input type="checkbox"/>	3	<input type="checkbox"/>	3	<input type="checkbox"/>
Cannot do at all	4	<input type="checkbox"/>	4	<input type="checkbox"/>	4	<input type="checkbox"/>	4	<input type="checkbox"/>	4	<input type="checkbox"/>

P19 Using English (or your usual language, if not English), do you have difficulty communicating, e.g. understanding or being understood?

Please tick one box

No - no difficulty	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>
Yes - some difficulty	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>
Yes - a lot of difficulty	3	<input type="checkbox"/>	3	<input type="checkbox"/>	3	<input type="checkbox"/>	3	<input type="checkbox"/>	3	<input type="checkbox"/>
Cannot do at all	4	<input type="checkbox"/>	4	<input type="checkbox"/>	4	<input type="checkbox"/>	4	<input type="checkbox"/>	4	<input type="checkbox"/>

SCHEDULE 2: PERSON INFORMATION - Education

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

P20 Education: What is the highest stage of full time education you have completed?

Please tick **one** box only, do not count part-time courses

Secondary Compulsory

(e.g. Town or Country Senior School to 16, Selective School to 16, Prince Andrew School to 16/Year 11)

1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>
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Secondary Optional

(e.g. Trade School to 18, Selective School to 18, Prince Andrew School to 18/Year 13, Apprenticeships at age 17 or 18, etc)

2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>
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Higher Education

(i.e. College and University completed after Secondary School i.e. after age 18)

3	<input type="checkbox"/>	3	<input type="checkbox"/>	3	<input type="checkbox"/>	3	<input type="checkbox"/>	3	<input type="checkbox"/>
---	--------------------------	---	--------------------------	---	--------------------------	---	--------------------------	---	--------------------------

P21 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. Do not count time spent in child care or creche prior to starting school. For example: full time schooling from age 4 to 16 years would be 12 years.

Total number of years completed

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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P22 Have you earned passes at GCSE, O Level, or their equivalent, in the following subjects:

Please tick **all boxes that apply**. Include only recognised passes i.e. C or over for O Level/GCSE; 5 or over in new UK grading system. If no qualifications, please leave blank. If you went to school before these exams were introduced on St Helena, or in a different country, your qualifications may have a different name, but they relate to passing exams at the end of compulsory education, usually aged around 15 or 16.

English

1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>
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Maths

2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>
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Other subjects

3	<input type="checkbox"/>	3	<input type="checkbox"/>	3	<input type="checkbox"/>	3	<input type="checkbox"/>	3	<input type="checkbox"/>
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P23 What is the highest level qualification that you have obtained?

Please state below; if no qualifications, please leave blank

Official use

Person 1	Level:		
	Subject:		
Person 2	Level:		
	Subject:		
Person 3	Level:		
	Subject:		
Person 4	Level:		
	Subject:		
Person 5	Level:		
	Subject:		

SCHEDULE 2: PERSON INFORMATION - Economic Activity

Person 1 Person 2 Person 3 Person 4 Person 5

P24 Economic activities: in the week before Census Night, were you:

Please tick **any box that applies**; if none apply, please leave blank

Employed full-time (paid)	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>
Employed part-time (paid)	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"/>
Employed doing an apprenticeship (paid)	4	<input type="checkbox"/>	4	<input type="checkbox"/>	4	<input type="checkbox"/>	4	<input type="checkbox"/>	4	<input type="checkbox"/>
Waiting to start work: job offer accepted	5	<input type="checkbox"/>	5	<input type="checkbox"/>	5	<input type="checkbox"/>	5	<input type="checkbox"/>	5	<input type="checkbox"/>
Unemployed and looking for work	6	<input type="checkbox"/>	6	<input type="checkbox"/>	6	<input type="checkbox"/>	6	<input type="checkbox"/>	6	<input type="checkbox"/>
Unemployed but not looking for work	7	<input type="checkbox"/>	7	<input type="checkbox"/>	7	<input type="checkbox"/>	7	<input type="checkbox"/>	7	<input type="checkbox"/>
Away from work	8	<input type="checkbox"/>	8	<input type="checkbox"/>	8	<input type="checkbox"/>	8	<input type="checkbox"/>	8	<input type="checkbox"/>

i.e. ill, on maternity or paternity leave, on holiday, or temporarily laid off

Looking after home or family	9	<input type="checkbox"/>	9	<input type="checkbox"/>	9	<input type="checkbox"/>	9	<input type="checkbox"/>	9	<input type="checkbox"/>
Student	10	<input type="checkbox"/>	10	<input type="checkbox"/>	10	<input type="checkbox"/>	10	<input type="checkbox"/>	10	<input type="checkbox"/>
Doing unpaid voluntary work	11	<input type="checkbox"/>	11	<input type="checkbox"/>	11	<input type="checkbox"/>	11	<input type="checkbox"/>	11	<input type="checkbox"/>
Retired	12	<input type="checkbox"/>	12	<input type="checkbox"/>	12	<input type="checkbox"/>	12	<input type="checkbox"/>	12	<input type="checkbox"/>
Disabled/long-term sick and unable to work	13	<input type="checkbox"/>	13	<input type="checkbox"/>	13	<input type="checkbox"/>	13	<input type="checkbox"/>	13	<input type="checkbox"/>
Other (please state below)	14	<input type="checkbox"/>	14	<input type="checkbox"/>	14	<input type="checkbox"/>	14	<input type="checkbox"/>	14	<input type="checkbox"/>

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

Questions P25 to P28 concern your main job, which is the job in which you usually work the most hours. If you are not working, please answer these questions in relation to your last main job role, even if you are retired and have not worked for a number of years. Please leave these questions blank for anyone who has never worked.

Person 1 Person 2 Person 3 Person 4 Person 5

P25: In your main or last job role, are (were) you:

Please tick **one box only**

An employee (i.e. in receipt of regular pay)	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"/>

P26 In your main or last job role, do (did) you supervise any employees?

Please tick **one box only**

Yes, supervise(d) employees	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>
No, does/did not supervise employees	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>

SCHEDULE 2: PERSON INFORMATION - Main Job and Industry

P27 In your main (or last) job, what is (was) your full job title and the name of your employer?

e.g. Job title: **SHOP ASSISTANT** Employer: **THORPES**

Enter 'NONE' for those who have never worked; if working for SHG, please include the Directorate.

Official use

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:		

P28 Nature of business or industry of current (or last) main job

Please tick **one** box only. Use your main job industry over a typical week, usually the industry of your employer. E.g. an electrician working for a construction company is 'Construction'. If you work in Government or for a large company, it will usually be the industry of your main functional area. For example, a teacher will be 'Education'. If you are not sure which category to use, please tick 'Other' and describe the nature of your main activity.

	Person 1	Person 2	Person 3	Person 4	Person 5
Agriculture and Forestry	A1 <input type="checkbox"/>	A1 <input type="checkbox"/>	A1 <input type="checkbox"/>	A1 <input type="checkbox"/>	A1 <input type="checkbox"/>
Fishing	A2 <input type="checkbox"/>	A2 <input type="checkbox"/>	A2 <input type="checkbox"/>	A2 <input type="checkbox"/>	A2 <input type="checkbox"/>
Quarrying	B <input type="checkbox"/>	B <input type="checkbox"/>	B <input type="checkbox"/>	B <input type="checkbox"/>	B <input type="checkbox"/>
Manufacturing	C <input type="checkbox"/>	C <input type="checkbox"/>	C <input type="checkbox"/>	C <input type="checkbox"/>	C <input type="checkbox"/>
Electricity supply	D <input type="checkbox"/>	D <input type="checkbox"/>	D <input type="checkbox"/>	D <input type="checkbox"/>	D <input type="checkbox"/>
Water supply, sewerage, waste management	E <input type="checkbox"/>	E <input type="checkbox"/>	E <input type="checkbox"/>	E <input type="checkbox"/>	E <input type="checkbox"/>
Construction, including electrical installation and plumbing	F <input type="checkbox"/>	F <input type="checkbox"/>	F <input type="checkbox"/>	F <input type="checkbox"/>	F <input type="checkbox"/>
Wholesale and retail trade	G1 <input type="checkbox"/>	G1 <input type="checkbox"/>	G1 <input type="checkbox"/>	G1 <input type="checkbox"/>	G1 <input type="checkbox"/>
Repair of motor vehicles and motor cycles	G2 <input type="checkbox"/>	G2 <input type="checkbox"/>	G2 <input type="checkbox"/>	G2 <input type="checkbox"/>	G2 <input type="checkbox"/>
Transportation and storage (includes airport, ferry, taxis)	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>
Accommodation activities	I1 <input type="checkbox"/>	I1 <input type="checkbox"/>	I1 <input type="checkbox"/>	I1 <input type="checkbox"/>	I1 <input type="checkbox"/>
Food service activities	I2 <input type="checkbox"/>	I2 <input type="checkbox"/>	I2 <input type="checkbox"/>	I2 <input type="checkbox"/>	I2 <input type="checkbox"/>
Information and communication	J <input type="checkbox"/>	J <input type="checkbox"/>	J <input type="checkbox"/>	J <input type="checkbox"/>	J <input type="checkbox"/>
Financial and insurance services (including banking)	K <input type="checkbox"/>	K <input type="checkbox"/>	K <input type="checkbox"/>	K <input type="checkbox"/>	K <input type="checkbox"/>
Real estate, including rental accommodation	L <input type="checkbox"/>	L <input type="checkbox"/>	L <input type="checkbox"/>	L <input type="checkbox"/>	L <input type="checkbox"/>
Professional and technical services	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>
Other business administrative and support services	N <input type="checkbox"/>	N <input type="checkbox"/>	N <input type="checkbox"/>	N <input type="checkbox"/>	N <input type="checkbox"/>
Public administration or government	O <input type="checkbox"/>	O <input type="checkbox"/>	O <input type="checkbox"/>	O <input type="checkbox"/>	O <input type="checkbox"/>
Education	P <input type="checkbox"/>	P <input type="checkbox"/>	P <input type="checkbox"/>	P <input type="checkbox"/>	P <input type="checkbox"/>
Health and social work activities	Q <input type="checkbox"/>	Q <input type="checkbox"/>	Q <input type="checkbox"/>	Q <input type="checkbox"/>	Q <input type="checkbox"/>
Arts, entertainment and recreation	R <input type="checkbox"/>	R <input type="checkbox"/>	R <input type="checkbox"/>	R <input type="checkbox"/>	R <input type="checkbox"/>
Other service activities	S <input type="checkbox"/>	S <input type="checkbox"/>	S <input type="checkbox"/>	S <input type="checkbox"/>	S <input type="checkbox"/>
Other (please specify below)	Z <input type="checkbox"/>	Z <input type="checkbox"/>	Z <input type="checkbox"/>	Z <input type="checkbox"/>	Z <input type="checkbox"/>

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

SCHEDULE 2: PERSON INFORMATION - Other Job

P29 Other job e.g. part time or weekend work, please state the nature of the business or industry

This applies only to a job in the week before Census Night. If you have more than one part-time or weekend job, please state the one where you spend most hours. If you do not have another job, please state 'NONE' in the space provided below.

		Official use	
Person 1	Job title:		
	Nature of business/industry:		
Person 2	Job title:		
	Nature of business/industry:		
Person 3	Job title:		
	Nature of business/industry:		
Person 4	Job title:		
	Nature of business/industry:		
Person 5	Job title:		
	Nature of business/industry:		

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

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

Census	A complete count. In this case a count of the housing stock and population of St Helena.
Dwelling	The building in which people live. It could be a house or a flat. A dwelling may contain more than one household (see below).
Dwelling Type	A detached house or bungalow is a separate or free standing structure. Semi-detached and terraced houses share one or more walls with neighbouring house(s).
Economic Activity	You are economically active if you are part of the available labour force for the island; typically, you will working or looking for paid work. Economically inactive persons include those fully retired, studying full-time, or those unable or not wanting to work for any reason.
Enumerated	Counted during a census.
Enumerator	The person who gives you and collects the census form.
Household	A household is a person living alone or a group of people, usually (but not necessarily) related, living at the same address who maintain a common living area, sharing normal domestic tasks and expenses, including the purchase, cooking and eating of food.
Industry	Use your main job industry over a typical week, usually the industry of your employer. E.g. an electrician working for a construction company is 'Construction'. If you work in Government or for a large company, it will usually be the industry of your main functional area. For example, a teacher will be 'Education'. If you are not sure which category to use, please tick 'Other' and describe the nature of your main activity.
Marital Status	Whether you are, for example, married, single, divorced, separated, widowed.
Occupation	The job that you do.
Owner-Occupied	The property is owned, either outright or on loan, by someone who lives in that house.
GCSE or O Level Qualifications	General Certificate of Education or Ordinary level qualifications are school examinations which are usually sat at the end of formal compulsory secondary education. In the St Helena schools system pupils are typically around about 16 years of age when they sit these exams.
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 dwelling.
Usual Residence	The place where you normally live. If you count more than one dwelling as "home", it is the place you spent most time in the week before the Census (e.g. 4 nights or more out of 7). If you regularly split your time between different dwellings or count more than one place as your official home address it does not matter which you pick as your usual residence - please just ensure your full details are completed at ONE ADDRESS ONLY .
Visitor	A person who will sleep in the house on Census night but <i>usually</i> lives elsewhere, either on St Helena 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, call in to the office with your questionnaire (the Statistics Office is situated on the first floor of the Castle - please go to the reception and ask for us), or send an email to statistics@sainthelena.gov.sh.

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

Need more forms?

You may need additional forms if you have more than 5 people living in your house, or 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. Call us on tel: 22138.

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 to check for updates on the Census and other statistical outputs

Thank you!

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.