



**St Helena
Government**

Census 2021



St Helena Island

CONFIDENTIAL

2021 Population and Housing Census

Form A: Household 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 Sunday 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 Sunday 7 February 2021, or as close as possible to this date.

The completed form must be available for collection by the following day, **Monday 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, call the Statistics Office on 22138, or email statistics@sainthelena.gov.sh. 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:



Your Household ID is:



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Distribution date:

Collection date:

Before you start.....

Who should complete the questionnaire?

The householder is responsible for ensuring that this questionnaire is accurately and truthfully completed and returned, and is referred to as 'person 1' throughout the questionnaire. The householder is usually the person who lives or is present at this address who owns or rents (or jointly owns or rents) the accommodation; and/or is responsible (or jointly responsible) for paying the household bills and expenses. If you are in doubt about the identity of the householder, it is recommended that the oldest adult in the household who is currently working completes the form. If the householder asks the enumerator or another adult that they trust to fill in the form on their behalf, the householder is still responsible for making sure that all questions are answered honestly and completely.

What is a 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. Question H1 will help you identify all the persons considered to be part of the household.

What are the different parts of this questionnaire?

The form is divided into 3 parts, called Schedules. Each Schedule asks information on a different aspect of your household and dwelling as follows:

SCHEDULE 1: HOUSEHOLD INFORMATION

Asks questions about your dwelling and the number of people who live there ('H' questions). Part of this schedule will assign person numbers to people and visitors in the household, these numbers are used to reference that person throughout the form (e.g. Person 1 in Schedule 2 refers to the same Person 1 listed in Question H2 of Schedule 1)

SCHEDULE 2: PERSON INFORMATION

Asks questions about those persons who usually live in the household, including anyone absent for less than a year ('P' questions). Please do not include persons in institutions or communal establishments (e.g. sheltered accommodation, prison etc.) as these persons will fill out a separate form.

SCHEDULE 3: VISITOR INFORMATION

Asks questions about any visitors to your household on Census Night ('V' questions).

Will you need an extra form?

You will need an extra form if you have **more than 5 persons** usually living in your household (Form E1) or if you have **more than 5 visitors** to your household on Census Night (Form E2). You may also request an extra form if any household member would like to keep their responses separate from the main household questionnaire, for example for privacy reasons.

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 a pencil temporarily, but please confirm your answer in ink. If you make mistakes, please strike through neatly with a single horizontal line (as shown below) and rewrite or 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?

The back page of this questionnaire has additional information that may help you. If you still need help, or have any questions, please speak to your enumerator, or contact the Statistics Office (telephone 22138).

SCHEDULE 1: HOUSEHOLD INFORMATION

Name and address of householder 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 responsible for completing the questionnaire			

H1 Who usually lives here in this 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. All questions relate to Census Night. Please put numbers in the boxes.

a. People who are present on St Helena:

<input type="checkbox"/>	Me
<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 but who have been staying at this address for more than six months
<input type="checkbox"/>	People who are temporarily away, staying somewhere else on St Helena (excluding anyone staying in an institution or a communal living establishment)

b. People who would normally live here, but are temporarily overseas:

<input type="checkbox"/>	On holiday
<input type="checkbox"/>	For medical treatment or tests and investigations
<input type="checkbox"/>	For training overseas, provided they expect to return when they complete their studies
<input type="checkbox"/>	Working away from St Helena for up to six months
<input type="checkbox"/>	Total number of people usually living here (the total of all the numbers in a and b)

H2 Starting with yourself, list the names of all the people counted in H1 above (a and b)

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

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

Number of extra persons:

I have filled in an extra form for these persons (tick box):

SCHEDULE 1: HOUSEHOLD INFORMATION - Visitors

H3 Apart from everyone counted in H1, who else was staying overnight here on Sunday 7 February 2021. These people are counted as visitors. Please remember to include children and babies.

Please put numbers in the boxes

<input type="text"/>	People who usually live somewhere else on St Helena, e.g. boy/girlfriends, friends, relatives
<input type="text"/>	People staying here because it is their second address. Their usual home is elsewhere
<input type="text"/>	People who usually live outside of St Helena who are staying for less than six months
<input type="text"/>	People here on holiday for less than six months
<input type="text"/>	Total number of visitors

H4 List the names of all persons counted in H3

	Full Name	Nickname (optional)
Person 1		
Person 2		
Person 3		
Person 4		
Person 5		

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

Number of extra persons:

I have filled in an extra form for these persons (please tick):

SCHEDULE 1: HOUSEHOLD INFORMATION continued

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

Please tick **one** box only. Detached dwellings are on their own and not joined to any other house. Semi-detached dwellings are two houses joined together by a single sidewall. Terraced dwellings are rows of houses joined together by a common wall.

Detached house	Semi-detached or 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 → How many households live 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. Examples include vacant houses, houses under construction, or ruins. Do not include buildings or other structures that are not intended or used for living in.

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

H8a Does your household own or rent the dwelling you live in?

Please tick **one** box only

1 <input type="checkbox"/>	Owens outright	} → Go to question H9
2 <input type="checkbox"/>	Owens with a mortgage or loan	
3 <input type="checkbox"/>	Rents	
4 <input type="checkbox"/>	Lives here rent free	

H8b If you rent or live rent free, who is your landlord?

Only answer if you rent or live rent free; tick **one** box only

1 <input type="checkbox"/>	SHG Government Landlord Housing	} → Please state the name and address of the property owner below:
2 <input type="checkbox"/>	SHG Chief Secretary Housing	
3 <input type="checkbox"/>	Private landlord	
4 <input type="checkbox"/>	Employer of a household member	
5 <input type="checkbox"/>	Relative or friend of a household member	
6 <input type="checkbox"/>	Other	

H9 Do you have a garden which is used for growing vegetables or other edible crops?

Please answer even if you do not sell your produce commercially; tick **one** box only

1 <input type="checkbox"/>	Yes, only at this location
2 <input type="checkbox"/>	Yes, but only at a different location
3 <input type="checkbox"/>	Yes, at this location and a different location
4 <input type="checkbox"/>	No, no garden for growing vegetables or other crops

SCHEDULE 1: HOUSEHOLD INFORMATION continued

H10 How many rooms (e.g. clearly defined living, dining, sitting, sleeping areas) are there in your household's accommodation?

EXCLUDE kitchens, bathrooms, toilets, hallways, broom cupboards, utility rooms, laundry etc. Count a combined kitchen/dining area or open-plan dining/living/kitchen area as a single room. A room separate from the main body of your dwelling which is used as a living space should be counted as a room.

← Please enter a number in the 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 a number in the box

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

- 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
- 3 Flush toilet outside main housing unit, exclusive use
- 4 Other toilet outside main housing unit, exclusive use
- 5 Flush toilet, shared with another household
- 6 Other toilet, shared with another household
- 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)
- 2 Private or individual system (e.g. septic tank)
- 3 Other (please state) _____
- 4 No sewerage system

H17a 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 of Connect Saint Helena Ltd
- 4 Rainwater tank, including if piped inside or outside of dwelling
- 5 Spring or stream, including if piped inside/ outside of dwelling
- 6 Other (please state) _____

H17b Does this dwelling have at least one storage tank for rain water

Please tick **one** box only

- 1 Yes, has at least one storage tank for rain water
- 2 No, does not have a storage tank for rain water

H18 Does your household have piped hot water?

Including from geyser, chip boiler, wood-burning stove, or solar panel. Please tick **one** box only

- 1 Yes, has piped hot water
- 2 No, does not have piped hot water

H19 Does this dwelling have an operational solar water heater?

Please tick **one** box only

- 1 Yes, has an operational solar water heater
- 2 No, does not have an operational solar water heater

H20 Does this household generate on-site power through use of renewable energy sources?

Please tick **all that apply** (if none apply, please leave blank)

- 1 Wind turbines
- 1 Solar/PhotoVoltaic (PV) cells
- 1 Other (please state) _____

H21 What is the main power/fuel used for lighting in this household?

Please tick **one** box only

- 1 Electric mains
- 2 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 Telecommunications. Does your household have:

Please tick **all that apply** (if none apply, please leave blank)

- | | |
|--|---|
| 1 <input type="checkbox"/> Television subscription | 1 <input type="checkbox"/> Internet access via modem/landline |
| 1 <input type="checkbox"/> Landline telephone | 1 <input type="checkbox"/> Internet access via mobile phone |

H25 Vehicles and boats. How many of the following do members of your household own, rent or have main use of:

Please **write a number** in each box (if none, please write "0"). Only include vehicles and boats that are operational, licensed and insured (if applicable).

- | | |
|----------------------|---|
| <input type="text"/> | Cars (including 4x4s designed primarily for on-road passenger use) |
| <input type="text"/> | Landrovers, vans and pickups (including 4x4s designed primarily for off-road use) |
| <input type="text"/> | Motor cycles and scooters |
| <input type="text"/> | Other motor vehicles (such as buses, lorries, etc) |
| <input type="text"/> | Boats with motors |
| <input type="text"/> | Other boats |

H26 Other assets. How many of the following does your household have:

Please **write a number** in each box, include only assets that are operational; if none, please write "0"

- | | | | |
|----------------------|--------------------------------|----------------------|--|
| <input type="text"/> | Fridge/freezer (combined unit) | <input type="text"/> | Television screen |
| <input type="text"/> | Deep freezer or chest freezer | <input type="text"/> | DVD playback equipment |
| <input type="text"/> | Small fridge | <input type="text"/> | Personal computer or laptop |
| <input type="text"/> | Washing machine | <input type="text"/> | Tablet computer (including ebook readers) |
| <input type="text"/> | Dishwasher | <input type="text"/> | Games console (e.g. Xbox, Nintendo, Playstation) |
| <input type="text"/> | Tumble dryer | <input type="text"/> | Mobile telephone |
| <input type="text"/> | Electric dehumidifier | <input type="text"/> | Smoke alarm |
| <input type="text"/> | Radio | <input type="text"/> | Fire extinguisher or fire blanket |

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 H2 on Page 1. Please use the same person numbering that you used in question H2.

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

	Person 1	Person 2	Person 3	Person 4	Person 5
P1 Male or female					
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

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 in Question H2 (i.e. to the person completing the questionnaire)

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** Country of birth: **FRANCE** Official use

Person number: Country of birth:

Person number: Country of birth:

Person number: Country of birth:

Person number: Country of birth:

Person number: Country of birth:

P6 Country of residence

The country or territory where you have lived for the last six months (including Ascension or the Falklands). If you live in several countries, 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** Country of usual residence: **GERMANY** Official use

Person number: Country of usual residence:

Person number: Country of usual residence:

Person number: Country of usual residence:

Person number: Country of usual residence:

Person number: Country of usual residence:

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** Official use

Person number: Nationality:

Person number: Nationality:

Person number: Nationality:

Person number: Nationality:

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 faith or denomination, please proceed to P9

Anglican	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'í	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="checkbox"/>	Faith or Denomination:	<input type="text"/>
Person number: <input type="checkbox"/>	Faith or Denomination:	<input type="text"/>
Person number: <input type="checkbox"/>	Faith or Denomination:	<input type="text"/>
Person number: <input type="checkbox"/>	Faith or Denomination:	<input type="text"/>
Person number: <input type="checkbox"/>	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 your 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, neighbours, 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 to P19 ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM, and should 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"/>
---	--------------------------	---	--------------------------	---	--------------------------	---	--------------------------	---	--------------------------

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"/>
---	--------------------------	---	--------------------------	---	--------------------------	---	--------------------------	---	--------------------------

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"/>
----------------------	----------------------	----------------------	----------------------	----------------------

P22 Have you earned passes at GCSE, O Level, or their equivalent, in the following subjects:

Please tick **all boxes that apply** (if none apply, please leave blank). 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"/>
---	--------------------------	---	--------------------------	---	--------------------------	---	--------------------------	---	--------------------------

Maths

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

Other subjects

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

P23 What is the highest level qualification that you have obtained?

Please state below. Include qualifications other than GCSEs, O levels or their equivalent stated in P22. If no other qualifications, please write 'NONE'.

Office 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)	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>
Self-employed	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>
Employed doing an apprenticeship (paid)	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>
Waiting to start work: job offer accepted	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>
Unemployed and looking for work	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>
Unemployed but not looking for work	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>
Away from work	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>

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

Looking after home or family	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>
Student	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>
Doing unpaid voluntary work	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>
Retired	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>
Disabled/long-term sick and unable to work	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>
Other (please state below)	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<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	B1 <input type="checkbox"/>	B1 <input type="checkbox"/>	B1 <input type="checkbox"/>	B1 <input type="checkbox"/>	B1 <input type="checkbox"/>
Manufacturing	C1 <input type="checkbox"/>	C1 <input type="checkbox"/>	C1 <input type="checkbox"/>	C1 <input type="checkbox"/>	C1 <input type="checkbox"/>
Electricity supply	D1 <input type="checkbox"/>	D1 <input type="checkbox"/>	D1 <input type="checkbox"/>	D1 <input type="checkbox"/>	D1 <input type="checkbox"/>
Water supply, sewerage, waste management	E1 <input type="checkbox"/>	E1 <input type="checkbox"/>	E1 <input type="checkbox"/>	E1 <input type="checkbox"/>	E1 <input type="checkbox"/>
Construction, including electrical installation and plumbing	F1 <input type="checkbox"/>	F1 <input type="checkbox"/>	F1 <input type="checkbox"/>	F1 <input type="checkbox"/>	F1 <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)	H1 <input type="checkbox"/>	H1 <input type="checkbox"/>	H1 <input type="checkbox"/>	H1 <input type="checkbox"/>	H1 <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	J1 <input type="checkbox"/>	J1 <input type="checkbox"/>	J1 <input type="checkbox"/>	J1 <input type="checkbox"/>	J1 <input type="checkbox"/>
Financial and insurance services (including banking)	K1 <input type="checkbox"/>	K1 <input type="checkbox"/>	K1 <input type="checkbox"/>	K1 <input type="checkbox"/>	K1 <input type="checkbox"/>
Real estate, including rental accommodation	L1 <input type="checkbox"/>	L1 <input type="checkbox"/>	L1 <input type="checkbox"/>	L1 <input type="checkbox"/>	L1 <input type="checkbox"/>
Professional and technical services	M1 <input type="checkbox"/>	M1 <input type="checkbox"/>	M1 <input type="checkbox"/>	M1 <input type="checkbox"/>	M1 <input type="checkbox"/>
Other business administrative and support services	N1 <input type="checkbox"/>	N1 <input type="checkbox"/>	N1 <input type="checkbox"/>	N1 <input type="checkbox"/>	N1 <input type="checkbox"/>
Public administration or government	O1 <input type="checkbox"/>	O1 <input type="checkbox"/>	O1 <input type="checkbox"/>	O1 <input type="checkbox"/>	O1 <input type="checkbox"/>
Education	P1 <input type="checkbox"/>	P1 <input type="checkbox"/>	P1 <input type="checkbox"/>	P1 <input type="checkbox"/>	P1 <input type="checkbox"/>
Health and social work activities	Q1 <input type="checkbox"/>	Q1 <input type="checkbox"/>	Q1 <input type="checkbox"/>	Q1 <input type="checkbox"/>	Q1 <input type="checkbox"/>
Arts, entertainment and recreation	R1 <input type="checkbox"/>	R1 <input type="checkbox"/>	R1 <input type="checkbox"/>	R1 <input type="checkbox"/>	R1 <input type="checkbox"/>
Other service activities	S1 <input type="checkbox"/>	S1 <input type="checkbox"/>	S1 <input type="checkbox"/>	S1 <input type="checkbox"/>	S1 <input type="checkbox"/>
Other (please specify below)	Z1 <input type="checkbox"/>	Z1 <input type="checkbox"/>	Z1 <input type="checkbox"/>	Z1 <input type="checkbox"/>	Z1 <input type="checkbox"/>

Official use

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

SCHEDULE 2: PERSON INFORMATION - Other Job

P29 Other paid 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'.

		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.

SCHEDULE 3: VISITORS TO YOUR HOUSEHOLD

This section is about people visiting your household on Census night - **any people that were listed in question H4 on Page 2 should be included here**. If you have any visitors that usually live elsewhere on St Helena, please complete questions V1 to V5 for those people, but ask those persons to ensure that their full information is completed on the census form at their home address. If there were no visitors in your household on Census night, please return to Page 1 and make sure you have signed the Declaration.

	Person 1	Person 2	Person 3	Person 4	Person 5
V1 Male or female					
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"/>

V2 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				

V3 Country of usual residence (the place where you usually live)		Person 1	Person 2	Person 3	Person 4	Person 5
St Helena		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"/>
Ascension		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 (please state below)		6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
E.g. Person number: 1 Country of usual residence: INDONESIA		Official use				
Person number:	<input type="checkbox"/>	Country of usual residence:	<input type="text"/>			
Person number:	<input type="checkbox"/>	Country of usual residence:	<input type="text"/>			
Person number:	<input type="checkbox"/>	Country of usual residence:	<input type="text"/>			
Person number:	<input type="checkbox"/>	Country of usual residence:	<input type="text"/>			
Person number:	<input type="checkbox"/>	Country of usual residence:	<input type="text"/>			

V4 Please state the nationality of each visitor to your household		Person 1	Person 2	Person 3	Person 4	Person 5
British		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"/>
Other (please state below)		3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
E.g. Person number: 1 Nationality: GERMAN		Official use				
Person number:	<input type="checkbox"/>	Nationality:	<input type="text"/>			
Person number:	<input type="checkbox"/>	Nationality:	<input type="text"/>			
Person number:	<input type="checkbox"/>	Nationality:	<input type="text"/>			
Person number:	<input type="checkbox"/>	Nationality:	<input type="text"/>			
Person number:	<input type="checkbox"/>	Nationality:	<input type="text"/>			

V5 Please state whether each visitor is St Helenian, either by birth or by naturalisation		Person 1	Person 2	Person 3	Person 4	Person 5
St Helenian		1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Not St Helenian		2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>

Thank you for taking part in the 2021 Population and Housing Census
Please return to Page 1 of the questionnaire and make sure you have signed the Declaration

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 be 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 Secondary 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 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, etc.
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 a household contains only visitors (for example, tourists or St Helenians visiting family and friends) then all household members will be classed as visitors.

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 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.