



St Helena
Government

Checked

Coded

Entered

CONFIDENTIAL

**ST HELENA HOUSEHOLD EXPENDITURE
SURVEY 2023**

HOUSEHOLD QUESTIONNAIRE

Thank You

Thank you and your household for taking the time to be a part of this survey. You will be providing us with valuable data which will be used to update the weekly average 'shopping basket', mainly used as the basis to calculate St Helena's inflation rate each quarter.

Any information that you provide will be kept strictly **confidential** and will be used for statistical purposes only, in accordance with the Statistics Ordinance 2000.

If you have any queries or concerns please contact the Statistics Office:

By email: statistics@sainthelena.gov.sh

In person:

Statistics Office
Top floor, Post Office Building
Jamestown
St Helena
South Atlantic Ocean, STHL 1ZZ
Telephone: 22138

For official use only

Date of distribution:

Household ID:

Date of collection:

Enumerator:

CHARACTERISTICS OF HOUSEHOLD MEMBERS

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)	55					

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 Person 1 (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="text"/>	Status in household:	<input type="text"/>
Person number:	<input type="text"/>	Status in household:	<input type="text"/>
Person number:	<input type="text"/>	Status in household:	<input type="text"/>
Person number:	<input type="text"/>	Status in household:	<input type="text"/>
Person number:	<input type="text"/>	Status in household:	<input type="text"/>

CHARACTERISTICS OF HOUSEHOLD MEMBERS

Person 1 Person 2 Person 3 Person 4 Person 5

P5 Are you resident on St Helena?

i.e. Have you lived on St Helena for the last 6 months or longer?

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"/>

P6 Are you St Helenian, either by birth or by grant (i.e. 'Saint status')?

Yes, St Helenian	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>
No, not St Helenian	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>

P7 Economic activities (only for persons aged 16 and over). Are you:

Please tick any box that applies

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"/>

HOUSEHOLD INFORMATION

H1 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. A flat is a dwelling which is part of a larger building

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

H2 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="text"/> |
| 2 <input type="checkbox"/> | No | |

H3a Does your household own or rent the dwelling you live in?

Please tick **one** box only

- | | | | |
|----------------------------|------------------------------|---|----------------------|
| 1 <input type="checkbox"/> | Owns outright | If you had to rent this property, how much would it be per month, roughly?
Now go to question H4 | <input type="text"/> |
| 2 <input type="checkbox"/> | Owns with a mortgage or loan | | |
| 3 <input type="checkbox"/> | Lives here rent free | | |
| 4 <input type="checkbox"/> | Rents | | |

H3b 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 |
| 2 <input type="checkbox"/> | SHG Chief Secretary Housing |
| 3 <input type="checkbox"/> | Private landlord |

H4 How many other properties do you or other members of the household own?

Please enter a number in the box. Include properties that are under construction or vacant and any other properties that you have expenses for, whether owned outright or with a loan.

H5 What is the total number of bedrooms in the dwelling?

Please enter a number in the box

H6 What is the main power or fuel used for lighting in this household?

Please tick **one** box only

- | | |
|----------------------------|----------------------|
| 1 <input type="checkbox"/> | Electric mains only |
| 2 <input type="checkbox"/> | Mobil/Calor gas |
| 3 <input type="checkbox"/> | PV Panels |
| 4 <input type="checkbox"/> | Other (Please State) |
-

HOUSEHOLD INFORMATION

H7 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)

H8 Telecommunications. Does your household have:

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

- | | |
|--|---|
| 1 <input type="checkbox"/> Television subscription | 4 <input type="checkbox"/> Mobile Phone - Pay as you go |
| 2 <input type="checkbox"/> Landline telephone | 5 <input type="checkbox"/> Mobile Phone - Monthly |
| 3 <input type="checkbox"/> Broadband Internet | |

H9 Vehicles and boats. Does your household have main use of:

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

- 1 Cars (including 4x4s designed primarily for on-road passenger use)
- 2 Landrovers, vans and pickups (including 4x4s designed primarily for off-road use)
- 3 Motor cycles and scooters
- 4 Other motor vehicles (such as buses, lorries, etc)
- 5 Boats with motors
- 6 Other boats

H10 Other assets. Does your household have main use of:

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

- | | |
|--|--|
| 1 <input type="checkbox"/> Fridge/freezer (combined or separate) | 6 <input type="checkbox"/> Television screen |
| 2 <input type="checkbox"/> Deep freezer or chest freezer | 7 <input type="checkbox"/> DVD playback equipment |
| 3 <input type="checkbox"/> Washing machine | 8 <input type="checkbox"/> Personal computer or laptop |
| 4 <input type="checkbox"/> Dishwasher | 9 <input type="checkbox"/> Games console (e.g. Xbox, Nintendo) |
| 5 <input type="checkbox"/> Radio | 10 <input type="checkbox"/> Mobile telephone |

HOUSING AND UTILITY BILLS (FOR THE PLACE YOU LIVE IN)

This section relates to bills for your current residence **for all members of the household**. Using your most recent bill please record the amount you have to pay for bills and the frequency of payment (e.g. every week, month, quarter or year). Include Service Tax where applicable (e.g. telecommunications, insurance)

COST OF REGULAR PAYMENTS IN THE LAST YEAR

HOUSING COSTS	Cost		Period <i>(tick one box only)</i>				Official use
	£	P	Wk	Mth	Qtr	Yr	
c01 Housing Loan							999992
c02 House Rent							041100
c03 Ground Rent/Land Lease							041200
c04 Building/Contents Insurance							125200

UTILITIES

u01 Electricity							045100
u02 Gas <i>(the cost of a refill and the period it lasts)</i>							045200
u03 Firewood							045400
u04 Water <i>(standing charge and units used)</i>							044100
u05 Emptying of septic tank/sewerage charge							044300
u06 Television Subscription							094210
u07 Telephone <i>(rental plus units used)</i>							083010
u08 Broadband Package							083030
u09 Mobile Pay Monthly Package							083022

OTHER PAYMENTS MADE DURING THE LAST YEAR

P01 Regular payments of car loan							999993
P02 Motor vehicle licences							072412
P03 Drivers licences							072411
P04 Motor insurances							125400
P05 Medical service <i>(exclude prescriptions etc.)</i>							062100
P06 Funeral insurances							125100
P07 Other insurance							125500
P08 Dog licences							093500
P09 Other licences							127000
P10 Gardening or domestic help							056220
P11 Creche and childcare							101000
P12 Other loans <i>(please specify)</i>							999994
P13							
P14							
P15							
P16							
P17							
P18							
P19							
P20							
P21							
P22							

HOUSEHOLD EXPENDITURE - LARGE OR INFREQUENT PURCHASES

Please record the details of any purchases in the last six months, by you or members of your household, of any large or infrequently-bought items. Examples of large items include a TV, computer, cooker, Hoover, vehicle, etc. Examples of infrequent items include clothing, linen, car repairs or spare parts, items used to repair or maintain your dwelling. Include any spending on purchases overseas, such as on-line via freight-forwarding, or by using an overseas buying and shipping agent (please include any freight or import duty costs).

Please refer to the 'Checklist' at the bottom of the page as a memory aid. Please also indicate in the description if any of the items you bought are second-hand.

Item description	Quantity	Cost		Official use
		£	p	
L01				
L02				
L03				
L04				
L05				
L06				
L07				
L08				
L09				
L10				
L11				
L12				
L13				
L14				
L15				
L16				
L17				
L18				
L19				
L20				
L21				
L22				
L23				
L24				

CHECKLIST

HOUSEHOLD GOODS - Furniture, TV, computers, beds, bed linen, washing machine, radio, vacuum cleaner, dryer, fridge/freezer

CLOTHING - Uniforms, shoes, trousers, jeans, overalls, sports clothes, skirts, jackets, dresses, knitwear, childrens clothing

TRANSPORT - Vehicle purchase, parts, maintenance, tyres etc.

MISCELLANEOUS - Watches/clocks, jewellery, suitcases, cameras, gifts, etc.

HOUSEHOLD EXPENDITURE - BULK PURCHASES

Please record the details of the most recent bulk purchases that you or members of your household have made in the last six months. Bulk purchases may include food, drinks, alcohol, cigarettes, or other items such as baby goods, toiletries, etc. Include any spending on purchases overseas, such as on-line via freight-forwarding, or by using an overseas buying and shipping agent (please include any freight or import duty costs).

Under 'Expected duration', please estimate how long you expect the bulk purchase to last. Please refer to the 'Checklist' at the bottom of the page as a memory aid.

Item Description	Quantity	Size	Expected duration	Cost		Official use
				£	p	
B01						
B02						
B03						
B04						
B05						
B06						
B07						
B08						
B09						
B10						
B11						
B12						
B13						
B14						
B15						
B16						
B17						
B18						
B19						
B20						
B21						
B22						
B23						
B24						

CHECKLIST OF ITEMS

FOOD - Bulk groceries, e.g. monthly shopping
ALCOHOL & TOBACCO - Beers, wines, spirits, cigarettes, tobacco
HOUSEHOLD ITEMS - Toiletries, toilet roll, baby food, nappies, etc.