



**St Helena  
Government**



**CONFIDENTIAL**

**2016 Population and Housing Census -  
Form B: St Helenians Overseas Survey**

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

Prepared in accordance with the Census Ordinance CAP 159

**This is an optional survey for St Helenian residents who are overseas (off -island) and wish to participate in the 2016 Population and Housing Census.**

This form is **property of St Helena Government.**

**Census night is Sunday 7<sup>th</sup> February 2016**

**Please complete this form for yourself, and your family if you are together, as close as possible to Census night and ensure it is returned as soon as possible thereafter.**

The declaration on page 1 **must** be signed by the person/householder responsible for completing and returning the form.

**Where can you get help?** Call the Statistics Office on (+290) 22138.

**A message to everyone-**

The St Helena Population and Housing Census includes everyone on St Helena. However, the Saint Helenian community extends far beyond the Island itself. This optional survey will allow the overseas community to actively take part in this exercise to capture the characteristics of the population before the onset of air access - just because you are not physically here does not mean you do not count!

Please complete this survey form on **Sunday 7<sup>th</sup> February 2016, or as of this date.** Taking part in the 2016 Census through this survey is very important. The information you provide will help shape the future of our Island and inform decisions and policies for years to come.

**Your personal information is protected by law - it will not be shared with anyone outside of the Statistics Office.** Information captured during the Census exercise is kept confidential for 100 years.

**Remember-** We count because YOU count.

*Paula McLeod.*

**Dr Paula McLeod  
Statistician/ Census Supervisor**

*For official use only*

Form ID:

Date of distribution:

Date of collection:

Enumerator:   
(Initials)

# Before you start.....

## General information:

- The answers in this form should relate to **Census Night, Sunday 7<sup>th</sup> February 2016**.
- All information supplied will be kept **strictly confidential**.
- This form is intended to **capture St Helenians living/working overseas**.
- This form is divided into **2 parts (Schedules)**. Each schedule is briefly explained in the notes below.

## Completing the form:

### Who should complete the questionnaire?

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

The **householder** is the person who lives, or is present, at this address who:

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

A **household** is:

- one person living alone
- a group of people (not necessarily related) living at the same address who maintain a common living, sharing normal domestic tasks and expenditures, including the purchase, cooking and eating of food.

### What should you complete on the questionnaire?

The form is divided into 2 parts. Each part asks information on a different aspect of your household and dwelling.

#### SCHEDULE 1: HOUSEHOLD INFORMATION

Asks questions about your current accommodation, the number of persons who live there and your usual residence and other property/homes on St Helena (if any).

#### SCHEDULE 2: PERSON INFORMATION

Asks person level questions about members of your family group who are overseas with you.

### Will you need an extra form?

You will need an extra form if you have more than 5 members of your family group usually with you overseas.

In your extra form, you will only need to fill out Schedule 2 for those extra members with you overseas.

### How should I complete the questionnaire?

The form should be **completed in black or blue ink**. If you are unsure of an answer you may use pencil temporarily. However, please confirm your answer in ink.

Where written answers are required, please **write in CAPITAL LETTERS**.

If **mistakes** are made, please **strike through with a single horizontal line** (as shown below) and rewrite/ select the correct response.

**P11 Return to St Helena**  
Please indicate the month and year you intend, or estimate, returning to St Helena.  
If you are unsure when you will return or do not intend to return to St Helena, please indicate in the tick boxes below.

Month	E.g. May 2017	<input type="text" value="05"/>	<input type="text" value="01"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year		<input type="text" value="2017"/>	<input type="text" value="2019"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
I do not know when I might return		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not intend to return to St Helena.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Please proceed to Q14)

### Where can you get help?

Go to the back page of this questionnaire for information on how you can get help completing this form.

**ANY QUESTIONS?** Telephone the Statistics Office on **(+290) 22138**

**Section 1: Who is living/ staying in this accommodation.**

Form ID:

The following questions are about:

- The person responsible for the information on this questionnaire
- Persons who usually live in this accommodation

**SCHEDULE 1: HOUSEHOLD INFORMATION**

**Name and address of person responsible for completing and returning this questionnaire.**

Full name: .....

Full current address: .....  
.....

Full address of usual residence on St Helena (if any) .....

**DECLARATON**

I declare that 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 Number of people usually in the household family group**

(*INCLUDE* yourself, spouse/partner, dependants etc. *EXCLUDE* extended family members, housemates, temporary members of your household etc.)  [Please enter number in box]

**Table 1: Household Family Members**

Please list all members of your household family group counted in H1, **starting with yourself**. Please note that the person numbers in this table refer to the person numbers in Schedule 2 - Person Information (i.e. person 1 in this table will be person 1 in schedule 2). Please start with the person responsible for completing and returning this questionnaire.

Person No.	Full name	Nickname/ Commonly known as (if applicable)
Person 1		
Person 2		
Person 3		
Person 4		
Person 5		

If you have more than 5 members of your household family group please indicate below and request an extra form. Fill in Schedule 2-Person information only for these extra people on the extra form. Extra forms can be obtained from the Statistics Office, tel. (+290) 22138.

Number of extra persons —>

I have filled in an extra form with person level information for these persons:

(Please tick to indicate completion)

Form ID:

**H2 Which of the following best describes the current accommodation used by your household?**

(Please tick **one** box only)

- 1  Owner-occupied
- 2  Rented/ Rent-free (long-term accommodation)
- 3  Job/ work related accommodation (Including barracks accommodation)
- 4  Passenger/crew aboard a vessel
- 5  Holiday/ Short-Term accommodation

**H3 Do you have a usual residence or home on St Helena?**

(Please tick **one** box only)

- 1  Yes
- 2  No

**H4 Do you own any other houses on St Helena?**

(Please tick **one** box only)

- 1  Yes
- 2  No

**H5 Please complete the following in relation to your usual residence (H3) and other house(s) (H4) on St Helena?**

**Section A: Usual residence**

(Please tick **one box only** below in relation to your usual residence)

- 1  Occupied (Friends/ Family)
- 2  On the rental market (Short term/tourist let)
- On the rental market (Long term)
- 3  Vacant (not available for sale/rent)
- 4  For sale
- 5  Under construction
- 6  Other (Please state)  
 .....  
 →
- 7  No usual residence on St Helena

**Section B: Other house(s)**

(Please **insert numbers** relating to any other house/s owned in each category below)

- 1  Occupied (Friends/ Family)
- 2  On the rental market
- 3  Vacant (not available for sale/rent)
- 4  For sale
- 5  Under construction
- 6  Other (Please state)  
 .....  
 →
- 7  No other houses on St Helena

**H6 Do you intend to buy or build a house on St Helena?**

(Please tick **one** box only)

- 1  Yes
- 2  No

**Please turn over to complete Schedule 2: Person Information for the members of your household listed in Table 1 (Pg. 1)**

**SCHEDULE 2: PERSON INFORMATION.** The following questions relate to **ALL MEMBERS** of your family group who are with you overseas at this address (those listed in Table 1, Page 1).

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

	Person 1	Person 2	Person 3	Person 4	Person 5
<b>P1 Gender</b>					
Male	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Female	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>

<b>P2 Date of birth</b>	<i>Example:</i>				
Day	20 <sup>th</sup> May 1968	20 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Month		05 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year		1968 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>P3 Marital status</b>					
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"/>
Registered same sex civil partnership	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Co-habiting/ living together	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Separated	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Divorced	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
Widowed	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>

<b>P4 Relationship to Person 1</b>					
Person completing questionnaire	1 <input 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		10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>
Not related		11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>

→ **Please clarify below:** e.g. Person number: 4 Status in household: Boyfriend of person 2  
 e.g. Person number: 5 Status in household: Lodger

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

**SCHEDULE 2: PERSON INFORMATION continued**

<b>P5 Place of birth</b>	<b>Person 1</b>	<b>Person 2</b>	<b>Person 3</b>	<b>Person 4</b>	<b>Person 5</b>
St Helena	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
United Kingdom	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Ascension	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
South Africa	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Other	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>

If 'Other', please state below: e.g. **Person number: 1 Place of birth: Falkland Islands**  
 Person number:  Place of birth: .....  
 Person number:  Place of birth: .....  
 Person number:  Place of birth: .....  
 Person number:  Place of birth: .....  
 Person number:  Place of birth: .....

<b>P6 Place of usual residence</b>	<b>Person 1</b>	<b>Person 2</b>	<b>Person 3</b>	<b>Person 4</b>	<b>Person 5</b>
St Helena	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Ascension	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
United Kingdom	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Falkland Islands	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
South Africa	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Other	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>

If 'Other', please state below: e.g. **Person number: 1 Place of usual residence: Germany**  
 Person number:  Place of usual residence: .....  
 Person number:  Place of usual residence: .....  
 Person number:  Place of usual residence: .....  
 Person number:  Place of usual residence: .....  
 Person number:  Place of usual residence: .....

<b>P7 Location on Census Night. (Sunday 7<sup>th</sup> Feb 2016)</b>	<b>Person 1</b>	<b>Person 2</b>	<b>Person 3</b>	<b>Person 4</b>	<b>Person 5</b>
(Please tick <b>one</b> box only)					
Ascension Island	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Falkland Islands	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
United Kingdom	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
RMS	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Vessel in St Helena harbour	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Other	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>

If 'Other', please state below: E.g. **Person number: 1 Location on Census Night: South Africa**  
 Person number:  Location on Census Night: .....  
 Person number:  Location on Census Night: .....  
 Person number:  Location on Census Night: .....  
 Person number:  Location on Census Night: .....  
 Person number:  Location on Census Night: .....

**SCHEDULE 2: PERSON INFORMATION continued**

<b>P8a Status on Census Night</b> (Please tick <b>one</b> box only)	Person 1	Person 2	Person 3	Person 4	Person 5
Permanently living outside of St Helena	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Temporarily overseas	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
<b>→ Please proceed to P9</b>					

<b>P8b If temporarily overseas, how long will you be gone?</b> (Please tick <b>one</b> box only)	Person 1	Person 2	Person 3	Person 4	Person 5
Less than 3 months	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
3 - 6 months	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
More than 6 months	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>

<b>P9a Have you ever lived on St Helena?</b>	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
No	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
<b>→ Please proceed to P11</b>					

<b>P9b Date left St Helena</b>	Person 1	Person 2	Person 3	Person 4	Person 5
Day <i>e.g. 30<sup>th</sup> July 1962</i> <input type="text" value="30"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month <input type="text" value="05"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year <input type="text" value="1962"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>P10 Reason for departing St Helena:</b> (Please tick <b>one</b> box only)	Person 1	Person 2	Person 3	Person 4	Person 5
Education/ training	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Employment	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Holiday/ travel	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Medical/ health reasons	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Parents/ partner migrated	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
To live with family/ friends overseas	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
Other	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>

<b>P11 Return/ Moving to St Helena</b>	Person 1	Person 2	Person 3	Person 4	Person 5
Please indicate the month and year you intend, or estimate, returning or moving to St Helena.					
If you are unsure when you will return/ move to St Helena, or do not intend to so, please indicate in the tick boxes below.					
Month <i>e.g. May 2017</i> <input type="text" value="05"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year <input type="text" value="2017"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
I am not sure when this will happen	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
I do not intend to return to St Helena.	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
<b>→ Please proceed to P14</b>					

**SCHEDULE 2: PERSON INFORMATION continued**

	Person 1	Person 2	Person 3	Person 4	Person 5
<b>P12 Intention on return</b> (Please tick all that apply)					
Work in Private sector	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Work in Public section (Government)	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Start own Business (self-employment)	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Holiday/ spent time with friends & family	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Look after home/family	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Retire	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
Other	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>
<b>P13 Will your return be as a result of the completion of the St Helena Airport?</b>					
Yes	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
No	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
<b>P14 How is your health in general?</b>					
Very good	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Good	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Fair	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Bad	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Very bad	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>P15 Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? (Including problems relating to old age)</b>					
Yes, limited a lot	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Yes, limited a little	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"/>
<b>P16a Not counting anything done as part of paid employment, 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?</b>					
Yes	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
No	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
→ If No, please proceed to question P17					
<b>P16b If yes, please indicate the total time spent on this activity in a typical week:</b>					
1-9 hours	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
10-19 hours	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
20-49 hours	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
50+ hours	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>



**SCHEDULE 2: PERSON INFORMATION continued**

The following questions relating to Education and Employment are to be answered for persons aged 16 years or over who have completed compulsory school only (i.e. those aged 16 and still in Secondary School do not need to answer.)

	Person 1	Person 2	Person 3	Person 4	Person 5
<b>P17 Education: Which of the following stages of full time education did you complete?</b> (Please tick <b>all that apply</b> )					
Town or Country Senior School	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Secondary Selective	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Secondary Compulsory	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Secondary Optional/ Trade/ College	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Univeristy/ Higher education	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>

**P18 Total number of years of full time education completed:**  
(Please enter the age you started and completed **full time education** in the boxes provided below.)

Age started	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Age completed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please enter the total number of years of full time education completed in the box below.

→ Total number of years completed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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We would like to know how many adults left compulsory secondary education or senior school with qualifications, or achieved them later in life through an adult learning programme. In the following questions we call these qualifications GCSEs or O Levels.

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

**P19 Have you earned GCSEs/ O Levels or equivalent in the following:**

	Person 1	Person 2	Person 3	Person 4	Person 5
<b>English</b>					
Yes	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
No	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
<b>Maths</b>					
Yes	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
No	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>

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

0	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
1 - 4	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
5 or more	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>

**SCHEDULE 2: PERSON INFORMATION continued**

**P21 Which of these qualifications do you have?**

(Please tick every box that applies)

*If your qualification is not listed below, please tick its nearest equivalent.*

*If you are unsure of its nearest equivalent, please tick 'Other qualifications not listed'.*

	Person 1	Person 2	Person 3	Person 4	Person 5
<b>Academic Qualifications</b>					
1 -4 O-Levels/CSEs/GCSEs (any grades), Entry Level, Foundation Diploma	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
5+ O-Levels (passes)/ CSEs (grade 1) / GCSEs (grades A*-C), School Certificate, 1 A Level/ 2-3 AS Levels/ VCEs, Higher Diploma	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
2+ A Levels/ VCEs, 4+ AS Levels, Higher School Certificate, Progression /Advanced Diploma	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Degree (for example BA, BSc)	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Higher Degree (for example MA, PhD, PGCE)	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>Vocational/ Trade and Work based Qualifications</b>					
NVQ Level 1, Foundation GNVQ, Basic Skills	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
NVQ Level 2, Intermediate GNVQ, City and Guilds Craft, BTEC First/ General Diploma, RSA Diploma	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>
Apprenticeship	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>
NVQ Level 3, Advanced GNVQ, City and Guilds Advanced Craft, ONC, OND, BTEC National Diploma, RSA Advanced Diploma	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>
NVQ Level 4-5, HNC, HND, RSA Higher Diploma, BTEC Higher Level	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>
Other vocational/ work related qualifications	11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>
<b>Professional and other Qualifications</b>					
Professional qualifications (for example teaching, nursing, accountancy, audit)	12 <input type="checkbox"/>	12 <input type="checkbox"/>	12 <input type="checkbox"/>	12 <input type="checkbox"/>	12 <input type="checkbox"/>
Foreign qualifications	13 <input type="checkbox"/>	13 <input type="checkbox"/>	13 <input type="checkbox"/>	13 <input type="checkbox"/>	13 <input type="checkbox"/>
Other qualifications not listed	14 <input type="checkbox"/>	14 <input type="checkbox"/>	14 <input type="checkbox"/>	14 <input type="checkbox"/>	14 <input type="checkbox"/>
<b>No Qualifications</b>					
No qualifications	15 <input type="checkbox"/>	15 <input type="checkbox"/>	15 <input type="checkbox"/>	15 <input type="checkbox"/>	15 <input type="checkbox"/>

Understanding how your qualifications fit in to the above listing is not always straightforward- especially if you have foreign equivalent qualifications. Some explanation is given in the glossary section at the back of this form. Further guidance is available from the Statistics Office, tel. (+290) 22138 or email [statistics@sainthelena.gov.sh](mailto:statistics@sainthelena.gov.sh)

**SCHEDULE 2: PERSON INFORMATION continued**

	Person 1	Person 2	Person 3	Person 4	Person 5
<b>P22 Employment: As of this week are you:</b> (Please tick any box that applies)					
Employed full-time	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Employed part-time	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Self-employed	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Unemployed and looking for work	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Waiting to start job accepted	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Away from work ill, on maternity/ paternity leave, on holiday or temporarily laid off	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
Looking after home and/or family	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>
Student	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>
Retired	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>
Disabled	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>
Other	11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>

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

Person number:  Employment: .....

Person number:  Employment: .....

Person number:  Employment: .....

Person number:  Employment: .....

Person number:  Employment: .....

**TO BE COMPLETED IN RELATION TO YOUR MAIN JOB ROLE, OR IF NOT WORKING, YOUR LAST MAIN JOB ROLE. If you have never worked please leave blank.**

Your main job role is the job in which you usually work the most hours.  
 If you are not working at the time of this survey, please complete questions 23-26 in relation to the last job/ employment you held.  
**This applies even if you are retired and/or you have not worked for a number of years.**

<b>P23 In your job role, are (were) you:</b> (Please tick one box only)	Person 1	Person 2	Person 3	Person 4	Person 5
An employee	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Self-employed without employees	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Self-employed with employees	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>

<b>P24 In your main job role, do (did) you supervise any employees?</b> (Please tick one box only)	Person 1	Person 2	Person 3	Person 4	Person 5
Yes	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
No	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>

**SCHEDULE 2: PERSON INFORMATION continued**

**P25 Main job and industry**

(Enter full, specific job title of present main occupation and name of employer in capital letters)  
 (e.g. Job title: SHOP ASSISTANT. Employer: ASDA. For those who have never worked write "NONE"  
 If working for the St Helena, Ascension or Falkland Islands Government, please include the Directorate)

**Person 1:** Job title: ..... *on/ off-island*  
 Employer: ..... *(delete as appropriate)*

**Person 2:** Job title: ..... *on/ off-island*  
 Employer: ..... *(delete as appropriate)*

**Person 3:** Job title: ..... *on/ off-island*  
 Employer: ..... *(delete as appropriate)*

**Person 4:** Job title: ..... *on/ off-island*  
 Employer: ..... *(delete as appropriate)*

**Person 5:** Job title: ..... *on/ off-island*  
 Employer: ..... *(delete as appropriate)*

	Person 1	Person 2	Person 3	Person 4	Person 5
<b>P26 Nature of business/industry of main/last job role.</b> (Please tick <b>one</b> box only)					
Agriculture/Forestry	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Fishing	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Construction	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Mining and quarrying	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Electricity and/or Water supply	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Wholesale and retail trade	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
Public administration and defence	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>
Hospitality (Hotels, restaurants, catering etc.)	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>
Transport and storage	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>
Information and communications (Inc. media and telecommunications)	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>
Financial and insurance services	11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>
Business services	12 <input type="checkbox"/>	12 <input type="checkbox"/>	12 <input type="checkbox"/>	12 <input type="checkbox"/>	12 <input type="checkbox"/>
Community, social and personal services	13 <input type="checkbox"/>	13 <input type="checkbox"/>	13 <input type="checkbox"/>	13 <input type="checkbox"/>	13 <input type="checkbox"/>
Other	14 <input type="checkbox"/>	14 <input type="checkbox"/>	14 <input type="checkbox"/>	14 <input type="checkbox"/>	14 <input type="checkbox"/>

→ **If 'Other', please state below:** E.g. **Person number: 1 Nature of business/industry: Manufacturing**

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

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

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

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

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

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

<b>Caring</b>	Not counting anything done as part of paid employment, does this person look after, or give any help or support to family members, friends, neighbours, or others because of long-term physical or mental ill-health or disability, or problems related to old age.
<b>Census</b>	A complete count. In this case a count of the housing stock and population of St Helena.
<b>Disability Status</b>	Whether you have any physical or cognitive constraints which mean you need help or support with day-to-day activities
<b>Dwelling</b>	The building in which people live- could be a house, a flat or a caravan. A dwelling may contain more than one household (see below).
<b>Economic Activity</b>	Whether or not you are part of the available labour force for the island. You could be working or looking for work (economically active) or retired, studying, or unable/ not wanting to work for any reason (economically inactive).
<b>Enumerated</b>	Counted during a census.
<b>Enumerator</b>	The person who gives you and collects the census form.
<b>Household</b>	A person who lives alone or a group of people who live at the same address and share one meal a day or share a living or sitting room.
<b>Industry</b>	The main business of your employer e.g. Agriculture, Retail, Public Services.
<b>Marital Status</b>	Whether you are, for example, married, single, divorced, separated, widowed.
<b>Occupation</b>	The work you do.
<b>Qualification</b>	The ability to carry out work based on a skill that you have learnt or a course that you have completed.
<b>A / AS Level</b>	Advanced level qualifications, usually sat at the end of secondary school. In the UK school system these exams are usually sat by pupils at around 18 years of age who have chosen to stay on at school at the end of compulsory education.
<b>GCSE / O Level/ CSE</b>	General Certificate of Education or Ordinary level qualification are school examinations which are usually sat at the end of formal secondary education. In the UK schools system pupils are typically around about 16 years of age when they sit these exams.
<b>NVQ/ GNVQ</b>	Vocational Qualifications. These are studies at a range of levels equivalent with academic qualifications starting at GCSE level up to Advanced Degree Level.
<b>Relationship</b>	How you are related to another person in your household, for example husband, wife, partner, son, daughter, step-child, brother, sister, mother, father, grandparent, step-mother, step-father, son-in-law, daughter-in-law, grandchild.
<b>Residents</b>	People who live in a house.
<b>Usual Residence</b>	Where you normally live- the place you return to for rest after a day at work. For the question regarding "Place of Usual Residence" this is the place where you <i>usually</i> live and/or work. Your usual residence does not change if you leave temporarily for a holiday, medical care or a short business trip. Your usual residence on St Helena is your official residence, most likely the place you count as "home"- the house that you normally live in when you are on Island. It is still your usual residence even if someone else is temporarily staying there. You may own, or be responsible for other houses, but if you do not count them as "home" they aren't your usual residence.

Further help is provided in the "Guidance Notes for Respondents". Please ask your enumerator for a copy of this if you think it would help.

## Need help completing this questionnaire?

We are on hand to provide any help or support you need to complete this survey.

A copy of a booklet "**Guidance Notes for Respondents**" is available. If you think this will help you to understand how to complete the questionnaire and what information we are looking for please ask for a copy.

The staff of the St Helena Statistics Office are trained in providing support in completing the questionnaire. You may also have a local representative who is co-ordinating this survey in your area, most likely the person who gave you this form. This person will also be able to help with any questions you have.

**Local Contact Details:** Name: \_\_\_\_\_ Tel: \_\_\_\_\_  
(if applicable) Email: \_\_\_\_\_

You can contact the St Helena Statistics Office on tel: (+290) 22138 or email [statistics@sainthelena.gov.sh](mailto:statistics@sainthelena.gov.sh) or call the **Census Hotline on (+290) 22958**

## Need more forms?

You may need additional forms if:

- You have more than 5 person overseas living with you and are completeing a paper form.

If you require extra forms contact the Statistics Office. Call us on (+290) 22138 or email [statistics@sainthelena.gov.sh](mailto:statistics@sainthelena.gov.sh)

## Completing online?

If you have chosen to complete the survey online instructions for accessing an electronic verions of this questionnaire will have been delivered to your registered email address.

Visit [www.sainthelena.gov.sh/census](http://www.sainthelena.gov.sh/census) for further details.

## What happens next?

- Thank you for taking part in the 2016 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.
- Please ensure your questionnaire is returned to the Statistics Office. If you have a local representative co-ordinating the survey in your area please return the form to this person. If your questionnaire is not collected when you expect please contact the Statistics Office on tel. (+290) 22138 or the **Census Hotline on (+290) 22958**.
- Results from the Census will be made available over the coming months. You will hear more through radio announcements and newspaper articles. You can also visit the Statistics Office website [www.sainthelena.gov.sh/statistics](http://www.sainthelena.gov.sh/statistics) to check for updates on the census and other statistical outputs.