

General information:

Form ID:

- The answers in this form should relate to **Census Night, Sunday 7th February 2016.**
- All information supplied will be kept **strictly confidential. It will be used for statistical purposes only.**

Completing the form:

Who should complete the questionnaire?

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

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

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

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

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

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

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

Section 1: Who is this form being used for?

Name and address of person responsible for completing this questionnaire.

Full Name:

Full Address:

District: Contact Tel:

DECLARATION

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)

E1 Why is this form being completed?

- 1 Extension form for household
- 2 Individual within household
- 3 Individual within Communal Establishment

E2 How many people is this form being used for?

[Please enter number in box]

Table 1: Person List

Please list the names of all people for whom this form is being completed.

Please note that the person numbers in this table refer to the person numbers in Schedule 2 - Person Information (i.e. person 1 in this table will be person 1 in schedule 2).

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

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

SCHEDULE 2: PERSON INFORMATION. The following questions relate to persons who are *usually resident* and are on St Helena on Census night. If you are completing this form as an individual in a communal establishment count yourself as "Person one".

If you are using this as an overflow form as an extension form as the household has more than five usual residents use Person 1-5 as Persons 6-10.

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

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|---|---|----------------------------|----------------------------|----------------------------|----------------------------|
| P1 Gender | | | | | |
| Male | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Female | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| P2 Date of birth <i>Example:</i> | | | | | |
| Day | 20 th May 1968 <input type="text" value="20"/> | <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"/> |
| Year | <input type="text" value="1968"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 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"/> |
| 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"/> |

P4 Relationship to Person 1

Completing questionnaire as an individual 1

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

| | | | | | |
|----------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Spouse/partner | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Son/daughter | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Brother/sister | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Step-child | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Nephew/niece | 6 <input type="checkbox"/> | 6 <input type="checkbox"/> | 6 <input type="checkbox"/> | 6 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| Grandchild | 7 <input type="checkbox"/> | 7 <input type="checkbox"/> | 7 <input type="checkbox"/> | 7 <input type="checkbox"/> | 7 <input type="checkbox"/> |
| Mother/father | 8 <input type="checkbox"/> | 8 <input type="checkbox"/> | 8 <input type="checkbox"/> | 8 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Other relative | 9 <input type="checkbox"/> | 9 <input type="checkbox"/> | 9 <input type="checkbox"/> | 9 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| Not related | 10 <input type="checkbox"/> | 10 <input type="checkbox"/> | 10 <input type="checkbox"/> | 10 <input type="checkbox"/> | 10 <input type="checkbox"/> |

→ Please clarify below: e.g. Person number: 4 Status in household: Boyfriend of person 2, form 1
 e.g. Person number: 5 Status in household: Lodger

Person number: Status in household:

Person number: Status in household:

Person number: Status in household:

Person number: Status in household:

Person number: Status in household:

SCHEDULE 2: PERSON INFORMATION continued

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

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

Person number: Place of birth:

Person number: Place of birth:

Person number: Place of birth:

Person number: Place of birth:

Person number: Place of birth:

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| P6 Place of usual residence | | | | | |
| 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:

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| P7 Which of the following best describes your status on St Helena? (Please tick one box only) | | | | | |
| Saint/ St Helenian status/ residency (usually residing on St Helena) | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Saint/ St Helenian status/ residency (not usually residing on St Helena) | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Short term entry permit holder/visitor | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Long term entry permit holder/visitor | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| SHG work permit holder, or spouse/ partner/ dependant of holder | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Other work permit holder, or spouse/ partner/ dependant of holder | 6 <input type="checkbox"/> | 6 <input type="checkbox"/> | 6 <input type="checkbox"/> | 6 <input type="checkbox"/> | 6 <input type="checkbox"/> |

SCHEDULE 2: PERSON INFORMATION continued

| | 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"/> |

→ **Please proceed to P9 if St Helenian otherwise turn-over to proceed to P12.**

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| P8b If yes, please indicate below: (If you prefer not to state your faith, leave blank and proceed to P9) | | | | | |
| Anglican/ Church of England | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Jehovah's Witness | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Baptist | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Roman Catholic | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| New Apostolic | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Seventh Day Adventist | 6 <input type="checkbox"/> | 6 <input type="checkbox"/> | 6 <input type="checkbox"/> | 6 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| Salvation Army | 7 <input type="checkbox"/> | 7 <input type="checkbox"/> | 7 <input type="checkbox"/> | 7 <input type="checkbox"/> | 7 <input type="checkbox"/> |
| Bah'ali | 8 <input type="checkbox"/> | 8 <input type="checkbox"/> | 8 <input type="checkbox"/> | 8 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Other | 9 <input type="checkbox"/> | 9 <input type="checkbox"/> | 9 <input type="checkbox"/> | 9 <input type="checkbox"/> | 9 <input type="checkbox"/> |

→ **If 'Other', please state below:** e.g. **Person number: 1 Faith: Buddhist**

| | | | |
|----------------|--------------------------|--------|-------|
| Person number: | <input type="checkbox"/> | Faith: | |
| Person number: | <input type="checkbox"/> | Faith: | |
| Person number: | <input type="checkbox"/> | Faith: | |
| Person number: | <input type="checkbox"/> | Faith: | |
| Person number: | <input type="checkbox"/> | Faith: | |

For Saint Helenians only- we have some questions to help us measure the effect of the airport on overseas travel and the current importance of overseas employment.
 If you are not Saint Helenian, please leave this section blank and proceed to P12 overleaf.

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| P9 Have you ever left the Island to visit another country? | | | | | |
| 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? | | | | | |
| Yes - For 5 years or less (total) | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Yes - For over 5 years (total) | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| No | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| P11 Are you in receipt of any of the following? (Please tick all appropriate box/es) | | | | | |
| Overseas pension | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Regular remittances (money sent home) or financial support from family member(s) working overseas | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| None of the above | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> |

SCHEDULE 2: PERSON INFORMATION - State of Health and Caring Commitments

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| P12 How is your health in general? | | | | | |
| 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"/> |

| | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| P13 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) | | | | | |
| 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"/> |

| | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| P14 Are you able to get in and out of your dwelling without assistance? | | | | | |
| 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"/> |

| | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| P15a 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? | | | | | |
| 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 P16 | | | | | |

| | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| P15b If yes, please indicate the total time spent on this activity in a typical week: | | | | | |
| 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"/> |

TO BE COMPLETED IN RELATION TO ALL PERSONS 16 YEARS AND OVER

| | | | | | |
|-------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| P16 Do you smoke cigarettes? | | | | | |
| 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"/> |

| | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| P17 Do you drink alcohol? (Please tick one box only) | | | | | |
| Every day | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Most days | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Most weekends | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Once or twice a month or less | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Never | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> |

SCHEDULE 2: PERSON INFORMATION continued

The following questions relating to Education and Employment are to be answered for all adults currently aged 16 years or over who have completed compulsory education (i.e. those aged 16 still in year 11 at Prince Andrew School do not need to answer.)

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| P18 Education: What is the highest stage of full time education you have completed? (Please tick one box only) | | | | | |
| Town or Country Senior School | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Secondary Selective | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Secondary Compulsory | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Secondary Optional/ Trade/ College | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Univeristy/ Higher education | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> |

P19 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.)

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|---------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| 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.

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|---------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Total number of years completed | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

We would like to know how many adults on St Helena left compulsory secondary education or senior school with qualifications, or achieved them later in life through an adult learning programme. In the following questions we call these qualifications GCSEs or O Levels.

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

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| P20 Have you earned GCSEs/ O Levels or equivalent in the following: | | | | | |
| English | | | | | |
| 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"/> |
| Maths | | | | | |
| 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"/> |

P21 Please indicate the TOTAL number of GCSEs/ O Levels or equivalent earned (any grade):
(Please tick the **appropriate** box)

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|-----------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 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

P22 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 |
|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Academic Qualifications | | | | | |
| 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"/> |
| Vocational/ Trade and Work based Qualifications | | | | | |
| 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"/> |
| Professional and other Qualifications | | | | | |
| 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"/> |
| No Qualifications | | | | | |
| 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 sheet available from your enumerator. Further guidance is available from your enumerator or from the Statistics Office, tel. 22138.

SCHEDULE 2: PERSON INFORMATION continued

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| P23 Employment: Last week, were you: (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 or long-term sick AND UNABLE TO WORK | 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:

Person number:

Person number:

Person number:

Person number:

Employment:

Employment:

Employment:

Employment:

Employment:

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

Your main job role is the job in which you usually work the most hours.
If you are not working at the time of the census, please complete questions 24-27 in relation to the last job/ employment you held.
This applies even if you are retired and/or you have not worked for a number of years.

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| P24 In your main/ last job role, are (were) you: (Please tick one box only) | | | | | |
| 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"/> |
| P25 In your main job role, do (did) you supervise any employees? (Please tick one box only) | | | | | |
| 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

P26 Main job and Employer

What is (was) your full job title and the name of the organisation you work(ed) for?

(e.g. Job title: SHOP ASSISTANT. Employer: THORPES. For those who have never worked enter 'NONE'.

If working for St Helena Government, please include the Directorate)

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

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

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

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

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

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| P27 Nature of business/ industry of main/ last job role. | | | | | |
| (Please tick one 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:

SCHEDULE 2: PERSON INFORMATION - Secondary Work and Informal Work in Agriculture

P28 Other job e.g. part time or weekend work, please state the nature of the business/ industry.

(If you do not have another job, please state 'NONE' in the space provided below.)

Person 1: Job title:
 Nature of Business:

Person 2: Job title:
 Nature of Business:

Person 3: Job title:
 Nature of Business:

Person 4: Job title:
 Nature of Business:

Person 5: Job title:
 Nature of Business:

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| P29 Apart from your main job role, in the past year were you engaged in any form of farming or agricultural production? (business only- do not include home production for family use) | | | | | |
| 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 Schedule 3: Visitor Information. | | | | | |

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| P30 What was the nature of agricultural production in which you were involved? | | | | | |
| Growing of crops; market gardening; horticulture | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Farming of animals | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Mixed (i.e. growing crops and farming animals) | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> |

| | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| P31 What was your employment status within your secondary agricultural job role? | | | | | |
| Own/ family part-time business | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Regular part-time employment | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Seasonal employment | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Other | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> |

If 'Other', please state below: e.g. **Person number: 1 Employment status:** Voluntary/ no monetary reward

Person number: Employment status:

Person number: Employment status:

Person number: Employment status:

Person number: Employment status:

Person number: Employment status:

End of Schedule 2: Person Information.
Please return to page 1 to sign the Declaration.

Need help completing this questionnaire?

We are on hand to provide any help or support you need to complete the census questionnaire. A glossary sheet is provided with this form which explains some of the unusual and less commonly used terms which you may be unfamiliar with.

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 you can arrange for someone else to visit and provide the support you need.

If you have questions you can contact the Statistics Office on tel: 22138 or call in to the office with your questionnaire.

The Statistics Office is situated on the first floor of the Castle- straight across the court yard, up the first flight of stairs, second door on the right.

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

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 that this form is returned to the householder or communal establishment manager who is responsible for ensuring all forms are returned to the Statistics Office. If necessary you can place your form into a clearly labelled envelope before handing to the householder/ manager. 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 will hear more through radio announcements and newspaper articles. You can also visit the Statistics Office website www.sainthelena.gov.sh/statistics to check for updates on the census and other statistical outputs.