

Ref:

THE STATISTICS UNIT

JERSEY ANNUAL SOCIAL SURVEY

To be completed by the person living at this address aged 16 years or over
and who has the next birthday

27 June 2006

Dear Jersey resident,

As you are hopefully aware, in 2005 we launched the **Jersey Annual Social Survey** in order to provide valuable information on a wide range of social issues that Jersey faces. The response to the survey from the public was tremendous and the results are available at www.gov.je/statistics.

The Jersey Annual Social Survey covers a wide range of issues chosen by individual departments to enable them to better understand and thus serve the people of Jersey. In addition by working together we collect information in an efficient way and limit the number of times individuals are contacted to complete official surveys.

We are now undertaking the 2006 survey, covering new issues, and your household has been selected at random. I would therefore ask that, to ensure the survey covers a representative cross section of adults, **the person living at this address who is aged 16 years or over and who has the next birthday** completes the form.

I would appreciate it if the completed form can be returned to the Statistics Unit by **Friday 21 July 2006**. A pre-paid envelope is enclosed for your convenience.

The information provided will be treated with the **strictest confidence** and will only be used to produce total numbers. Individual information supplied will **not** be passed to any other States department.

If you have any questions relating to completing the questionnaire, or wish to discuss any aspect of the survey, please contact Dave Jenner, tel: 440426.

I thank you for your kind co-operation and look forward to receiving the completed questionnaire shortly.

Se necessitar de algum esclarecimento relacionado com este questionário, e favor de contatar au Contact Centre através do telefone 712712.

Yours faithfully,



Duncan Millard
Head of States of Jersey Statistics Unit

JERSEY ANNUAL SOCIAL SURVEY

To be completed by the person living at this address aged 16 years or over
and who has the next birthday

Please note that all data will be treated with the strictest confidence and only used for the purpose of compiling aggregate official statistics. Information relating to any individual will not be passed to anyone outside the Statistics Unit.

To make best use of the data collected by this survey, we firstly need to know a little about you and the household you live in; this is covered in Section 1. Please complete Section 1 fully before completing the various topics covered in the rest of this form.

Section 1: About You

1.1 Are you? (Please tick one box only)

- Male
- Female

1.2 In what year were you born? _____

1.3 What is your marital status? (Please tick one box only)

- Single (never married)
- Cohabiting (never married)
- Married (first marriage)
- Re-married
- Separated (but still legally married)
- Divorced
- Widowed

1.4 Where were you born? (Please tick one box only)

- Jersey
- Elsewhere in the British Isles or the Republic of Ireland - see *Note (a)*
- Portugal/Madeira
- Other European country (please specify country) _____
- Elsewhere (please specify country) _____

Note (a): England, Wales, Scotland, Northern Ireland, other Channel Islands, Isle of Man.

1.5 When did your present period of continuous residence in Jersey begin?
(Ignore periods of absence on holiday and absences during the Occupation years).

- At birth or In (year) _____

Employment details

1.6 Are you currently? (Please tick the one box which is most appropriate to you)

- | | |
|--|---|
| <input type="checkbox"/> Working for an employer | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Self employed, employing others | <input type="checkbox"/> In full-time education |
| <input type="checkbox"/> Self employed, not employing others | <input type="checkbox"/> A homemaker |
| <input type="checkbox"/> Unemployed, looking for work | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Unable to work due to long term sickness/disability | |

If you are neither employed nor self-employed please go to question 1.9

1.7 Which industry do you work in?
(Please tick the one box which is most appropriate to you)

- Agriculture and fishing
- Finance (including legal work)
- Construction and tradesmen
- Wholesale & retail
- Transport and communications (including Jersey Airport, Harbours, Post & Telecom)
- Private Education or health
- Hotels, restaurants and bars
- Electricity, gas and water
- Public sector
- Other, please specify _____

1.8 How many hours per week do you usually work in your main job?
(Do not count overtime and meal breaks)

Number of hours worked per week _____

About your household

1.9 What type of property does your household occupy? (Please tick one box only)

- | | |
|--|---|
| <input type="checkbox"/> Bedsit | <input type="checkbox"/> Semi-detached/terraced house |
| <input type="checkbox"/> Flat/maisonette | <input type="checkbox"/> Detached house/bungalow |

1.10 What is the type of accommodation? (Please tick one box only)

- | | |
|---|--|
| <input type="checkbox"/> Owner occupied | <input type="checkbox"/> Private rent (qualified sector) |
| <input type="checkbox"/> Sheltered/disabled see <i>Note (b)</i> | <input type="checkbox"/> Staff/service |
| <input type="checkbox"/> Old peoples/retirement home | <input type="checkbox"/> Lodger paying rent in private household |
| <input type="checkbox"/> States/Parish rent | <input type="checkbox"/> Registered lodging house |
| <input type="checkbox"/> Housing trust rent | |

Note (b): Sheltered/disabled housing is housing designed so that the elderly or physically disabled can live independently. Such homes are usually built in groups and provided with a warden or emergency call facilities.

1.11 How many bedrooms are there for use by your household? (Please tick one box only)

- One
- Two
- Three
- Four
- Five or more

1.12 How many people, including yourself, live in your household?
(Please enter numbers in boxes below, excluding any lodgers).

Adults (aged 16 and over)

Of which are pensioners (females aged 60 or older,
males aged 65 or older)

Children aged 0 to 4

Children aged 5 to 10

Children aged 11 to 15

1.13 Which type of housing qualifications does the main householder have?
(Please tick one box only)

- Residentially qualified (**a-h** category) see *Note (c)*
- Essentially employed, approved by the Housing Department (**j** category)
- Residentially qualified (**k** category)
- Not residentially qualified

Note (c): A person who is qualified under the Jersey Housing Law and entitled to purchase a property in Jersey.

Section 2: Sunday Trading

2.1 Are you in favour of Sunday trading? (Please tick one box only)

- Yes, with no restrictions (i.e. like any other day of the week) **Go to question 2.6**
- Yes, but with restrictions **Go to question 2.2**
- No **Go to question 2.6**

2.2 Should Sunday opening only be allowed in specific seasons? (Please tick one box only)

- Before Christmas only
- In the summer only
- In the summer and before Christmas only
- No seasonal restriction

2.3 Should Sunday opening only be allowed at specific times? (Please tick one box only)

- Morning only (e.g. 9:00 to 13:00)
- Afternoon only (e.g. 13:00 to 17:00)
- Short day (e.g. 10:00 to 16:00)
- No time restriction (e.g. 9:00 to 17:00)

2.4 Should only certain size shops be allowed to open on Sunday? (Please tick one box only)

- Small shops only
- Small and medium shops only
- Large shops only
- No size restriction

2.5 Should certain types of trade **NOT** be permitted on a Sunday?

(Please tick the types of trade you think should **not** be permitted; tick all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Town retail | <input type="checkbox"/> Predominantly services (e.g. dry cleaners, hairdressers) |
| <input type="checkbox"/> Out of town retail | <input type="checkbox"/> Wholesale and supply |
| <input type="checkbox"/> Tourist attractions | <input type="checkbox"/> Betting |
| <input type="checkbox"/> Predominantly food | <input type="checkbox"/> No restriction on type of trade |
| <input type="checkbox"/> Predominantly non food | <input type="checkbox"/> Other please specify _____ |

2.6 If retailing were permitted on a Sunday, are you generally likely to make use of shopping facilities? (Please tick one box only)

- On a Sunday in addition to Mon - Sat
- On a Sunday instead of Mon - Sat
- Will never shop on a Sunday
- Don't know

Section 3: Your Neighbourhood

Please regard your neighbourhood to be the area within a ten minute walk of your home.

3.1 Roughly, how many years have you lived in this neighbourhood? _____ years

3.2 In your neighbourhood, would you say that you know. (Please tick one box only)

- | | |
|---|---|
| <input type="checkbox"/> Many of the people | <input type="checkbox"/> Just a few of the people |
| <input type="checkbox"/> Some of the people | <input type="checkbox"/> Do not know people |

3.3 Please indicate how much you agree or disagree with each of the following statements about your neighbourhood. (Please tick one box in each row)

	Agree strongly	Agree slightly	Disagree slightly	Disagree strongly	Don't know
It is a close, tight knit community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is a friendly place to live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is a place where people look after each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most people trust one another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My neighbourhood has improved over the past two years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm not satisfied with it as a place to live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would be happy asking certain people to keep an eye on my house and property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If children/young people cause trouble here, people will tell them off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.4 Not counting the people you live with, how often do you do any of the following? (Please tick one box in each row)

	Every day	Two or more times a week	Once a week	Once a fortnight	Once a month	Less often	Never
Speak to relatives on the phone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speak to friends on the phone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
See relatives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
See friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speak to neighbours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.5 Do you look after or give significant help to anyone in your immediate family with either: long-term physical ill-health, long-term mental ill-health, a disability or problems related to their old age? (Please tick one box only)

- | | | |
|---|--|-----------------------------|
| <input type="checkbox"/> Yes, regularly | <input type="checkbox"/> Yes, occasionally | <input type="checkbox"/> No |
|---|--|-----------------------------|

3.6 Do you actively provide any support beyond your immediate family for ill people, elderly neighbours or acquaintances without doing it through an organisation (for example, shopping for neighbours, visiting old people)? (Please tick one box only)

<input type="checkbox"/> Yes, regularly	<input type="checkbox"/> Yes, occasionally	<input type="checkbox"/> No
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3.7 How often do you give time to, or help out at, an organisation such as a school, a hospital, honorary police, a charity, a voluntary organisation or a community group (e.g. being a volunteer for one of these organisations)? (Please tick one box only)

<input type="checkbox"/> Every day	<input type="checkbox"/> Once a month
<input type="checkbox"/> Two or more times a week	<input type="checkbox"/> Less often
<input type="checkbox"/> Once a week	<input type="checkbox"/> Never
<input type="checkbox"/> Once a fortnight	

3.8 Thinking about your immediate neighbourhood, how much of a problem are these things: (Please tick one box in each row)

	Major problem	Minor problem	Not a problem	Don't know
Rubbish and litter lying around	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk from traffic for pedestrians and cyclists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nothing for young people to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug or alcohol abuse in public places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-social behaviour by adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-social behaviour by youths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems with dogs or dog mess	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Area poorly maintained/ run down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsafe area / crime by day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsafe area / crime by night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of open public spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor street lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.9 Thinking about the problems you have identified in question 3.8, to what extent do you agree or disagree with the following statements? (Please tick one box in each row)

	Agree strongly	Agree slightly	Disagree slightly	Disagree strongly	Don't know
Residents should work together to solve these problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residents are working together to solve these problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government agencies (e.g. Police, Parish, and Government departments) should solve these problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government agencies are working to solve these problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 3.10** Do you often get involved with other people in your area to discuss local issues or solve local problems?
- Yes, regularly
 - Yes, occasionally
 - No

- 3.11** Thinking generally about what you expect of services in your neighbourhood, or which are accessed from your neighbourhood, how would you rate the following?
(Please tick one box in each row)

	Very good	Good	Poor	Very poor	Don't know
Social & leisure facilities for people like yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilities for young children up to the age of 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilities for older children (those aged 13 to 17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of local shops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurseries, playgroups, mother and toddler groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transport links to St Helier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transport links to the rest of the Island	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community facilities (e.g. community centres)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arts and cultural entertainment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 3.12** When you retire, where would you like to live? (Please tick one box only)

- Stay in your neighbourhood, with suitable modifications to your existing home (if required)
- Stay in your neighbourhood, but downsize to a purpose built retirement home
- Downsize to a retirement home elsewhere in the Island
- Live with relatives
- Move away from the Island
- Don't know – I haven't thought that far ahead

- 3.13** How would you rate the following for your home? (Please tick one box in each row)

	Very good	Good	Poor	Very poor	Don't know
Room sizes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enough living space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suitability for children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition of property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
External space (e.g. private gardens or private amenity space)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 4: Social Security Benefits and Pensions

Contributory Benefits

The Social Security Department collects contributions from employers and employees to help fund a contributory insurance scheme for the benefit of people working in Jersey. The benefits are paid to anyone who has made enough contributions, whatever their income. Benefits are also payable to many people now living overseas. The main contributory benefits are: old age pension, incapacity benefits (short and long term sickness) and maternity benefit. The contributory health scheme provides subsidies for GP visits and prescription costs for Jersey residents.

- 4.1 To what extent do you agree or disagree with the following statements:
(Please tick one box in each row)

	Agree strongly	Agree slightly	Disagree slightly	Disagree strongly	Don't know
The contributory insurance scheme is a very worthwhile part of Jersey life	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributory benefits should be payable to everyone, regardless of income, if they have contributed to the scheme	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributory benefits should be mainly targeted to people still living in Jersey at the time the benefit is payable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributory benefits should be mainly targeted to those in financial need	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

It is important to strike a balance between the level of contributions and the range and value of contributory benefits that are provided.

- 4.2 To what extent do you agree or disagree with the following statements:
(Please tick one box in each row)

	Agree strongly	Agree slightly	Disagree slightly	Disagree strongly	Don't know
I am prepared to pay higher contributions to <u>protect the existing value</u> of benefits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am prepared to pay higher contributions to <u>raise</u> the value of benefits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am prepared to pay higher contributions to provide a <u>wider range</u> of benefits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 4.3 If you believe additional contributory benefit(s) should be added to the Social Security System, please list it (them) in the space below.

4.4 Please place these issues that the Social Security contributory system faces in order of importance to you by placing a number one to seven next to each, where one is the most important and seven is the least important.

Issues	Order (one to seven)
Maintain the value of the Social Security pension	
Introduce a contributory unemployment benefit	
Introduce a contributory residential care benefit	
Introduce a contributory scheme to provide financial assistance to families caring for relatives at home	
Keep contribution rates as low as possible	
Provide additional help with health costs for people with chronic illnesses	
Provide additional help with health costs for families with young children	

4.5 Please write down what you think the approximate current value of a full Jersey Social Security pension is for a single person. £_____ per week

4.6 Are you expecting to receive a Jersey Social Security pension when you retire?

- Yes, a full pension
- Partial
- No

4.7 Please indicate (by ticking one box in each row) your agreement with each of the following statements.

	Agree strongly	Agree slightly	Disagree slightly	Disagree strongly	Don't know
I am worried about my standard of living when I retire/now I have retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am relying on the States to look after me when I retire/now I have retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The States should provide a voluntary pension scheme for workers who wish to save extra for their retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would make contributions to a voluntary pension scheme run by the States, in addition to my existing Social Security contributions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pension age

Pensions are normally payable at the age of 65 (women who have retained rights under the old scheme receive pensions at 60). To qualify for a full Jersey pension, an individual must have made contributions for approximately 45 years.

4.8 At what age do you currently plan to stop working/did stop work?
(Please answer in one row only)

Current employment status	Age plan to/did stop work
Currently in work or looking for work (please enter the age at which you plan to stop working)	
Already retired (please enter the age at which you retired)	
Homemaker (please enter the age when you stopped or had to stop paid employment)	
Unable to work for health reasons (please enter the age when you stopped or had to stop paid employment)	

4.9 What is/was the principal financial factor that will allow/allowed you to retire at this age?
(Please tick one box only)

- Sufficient occupational pension
- Sufficient other pension
- Sufficient other income
- Reduced expenditure
- No choice

4.10 If you are below the age of 65, to what extent do you agree with the following statements:
(Please tick one box in each row) **If you are 65 or over please go to question 4.11**

	Agree strongly	Agree slightly	Disagree slightly	Disagree strongly	Don't know
I would like to continue to work beyond the age of 65	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I will need to work beyond the age of 65 to maintain my standard of living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would like to find a less demanding job as I get close to retirement age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.11 To what extent do you agree or disagree with the following statements:
(Please tick one box in each row)

	Agree strongly	Agree slightly	Disagree slightly	Disagree strongly	Don't know
As people live longer these days, they should be expected to <u>work longer</u> to get a pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who do not have contributions for 45 years should be allowed to continue to work and contribute over the age of 65 to achieve a <u>full pension</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People should be allowed to continue to work and contribute over the age of 65 in order to receive <u>additional</u> pension benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 5: Transport

School Transport

5.1 Do you have any children who are at still at school?

Yes **Please go to question 5.2**

No **Please go to question 5.6**

5.2 Please enter the age of your children and how far (to the nearest mile) it is to their school?

	Age	Distance to school (miles)
Child 1		
Child 2		
Child 3		
Child 4		

5.3 How do your children travel to school? (Please tick one box in each column for each child)

	Child 1	Child 2	Child 3	Child 4
With you or your spouse/partner as part of your journey to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specific journey by car taking only your own children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specific journey by car taking other children as well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motorbike, scooter, moped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.4 What is the main reason that your children do not use a school bus service? (Please put one tick in each column for each child)

	Child 1	Child 2	Child 3	Child 4
No school bus service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Too far to walk to bus stop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Too young to travel by themselves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes too long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Too expensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerned about safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bus overcrowded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car more convenient (i.e. school on route to work)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They walk/cycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.5 What would encourage your children to use the school bus?
(Please put one tick in each column for each child)

	Child 1	Child 2	Child 3	Child 4
Would use if one available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free bus pass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stops closer to homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More seats on the bus/another bus service added	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seatbelts on board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.6 If you are working, how long does it take you to get to your main place of work during the school term?

_____ minute(s) **If you are not working please go to question 5.8**

5.7 How long does it take you to get to your main place of work during the school holidays?

_____ minute(s) or Don't work during school holidays

Buses

5.8 What bus routes do you use and how often?

Bus route number	Everyday	Once a week	Once/twice a month	Once/twice a year	Never
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.9 To the nearest minute, how long does it take to walk to your nearest bus stop?

_____minute(s) or don't know

5.10 From what you know or have heard, how much do you agree or disagree that **buses generally**: (Please tick one box in each row)

	Agree strongly	Agree slightly	Disagree slightly	Disagree strongly	Don't know
Are clean and tidy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop too far away from your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are safe to travel in after dark	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do not run often enough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is safe to wait at bus stops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is safe to wait at the bus station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will mostly take you where you need to go	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do the journey quickly enough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drivers are helpful and polite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally run on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is easy to find out when buses run	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is easy to find out bus routes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are a good way to travel in Jersey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.11 Please tick one box for each statement to show how much you agree or disagree.
(Please tick one box in each row)

	Agree Strongly	Agree slightly	Disagree slightly	Disagree strongly	Don't know
I would only travel somewhere by bus if I had no other way of getting there	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travelling by bus is mainly for people who can't afford anything better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many of the short journeys I now make by car I could just as easily go by bus.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For the sake of the environment, car users should pay higher taxes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving one's car is too convenient to give up for the sake of the environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People should be allowed to use the car as much as they like.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Taxis

5.13 How often do you use a Public Rank (controlled) or a Private (restricted) taxi?

	Everyday	Once a week	Once/twice a month	Once/twice a year	Never
Public Rank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you ticked 'Never' for both of the above, please go to question 5.19

5.14 When you use a taxi what is the main purpose of the journey? (Please tick one box only)

- | | |
|---|---|
| <input type="checkbox"/> Leisure/social | <input type="checkbox"/> Going home |
| <input type="checkbox"/> Personal business | <input type="checkbox"/> Hospital appointments |
| <input type="checkbox"/> Shopping | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Getting to/from work/college | |
| <input type="checkbox"/> To/from airport | |

5.15 What time of day do you usually use a taxi? (Please tick one box only)

- During the day (between 6am and 6pm)
- Between 6pm and midnight
- Between midnight and 6am

5.16 What are the main reasons you take a taxi? (Please tick all that apply)

- Personal safety
- Convenience/speed
- Door-to-door service
- Don't want to drive car (e.g. for night out)
- Don't want to leave car/pay parking (e.g. flying from airport)
- Bus service not available due to time of day (e.g. early or late)
- Bus service does not go where I want to go
- Other (please state) _____

5.17 In your opinion how often (if ever) do you think that you have been charged more than the correct fare for a taxi? (Please tick one box only)

- Every time
- Most times
- Occasionally
- Never
- Don't Know

5.18 How often does the following happen? (Please tick one box in each row)

	Every time	Most times	Occasionally	Never
Pre-booked Taxi fails to show up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-booked Taxi arrives later than promised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depot says there will be a delay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.19 From what you know or have heard, how much you agree or disagree that **taxis** are generally: (Please tick one box in each row)

	Agree strongly	Agree slightly	Disagree slightly	Disagree strongly	Don't know
Clean and tidy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe to travel in after dark	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do the journey quickly enough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are driven safely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courteous/helpful/friendly drivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easy to find when you need one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have good access/enough room for wheelchairs/children's buggies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to wait more than 20 minutes at the airport for a taxi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have to wait more than 20 minutes at the Weighbridge in the late evening for a taxi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Traffic Management

Traffic delays can occur when roads are dug up to enable access to utility services and when road resurfacing is required. These works are generally carried out by the Transport and Technical Services Department or by Utility Companies.

5.20 How do you generally rate the following aspects of managing road works?

	Very good	Good	Poor	Very poor
Public awareness of works prior to them taking place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic management around works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Replacement of the road surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length of time works take	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.21 How useful do you find the following ways of being told in advance about roadworks and possible traffic delays? (Please tick one box in each row)

	Very useful	Quite useful	Not very useful	No use at all
JEP adverts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JEP daily traffic news	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signs at site before work starts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail drop to residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.22 How useful would it be to have a website displaying roadwork information on a map before work starts? (Please tick one box only)

- Very useful Not very useful
 Quite useful No use at all

5.23 How would you describe the use of signs on site notifying you of road works? (Please tick one box only)

- Very good Poor
 Good Very poor

5.24 How could site signs be improved? (Please tick all that apply)

- More signs
 Less signs
 Fewer words on signs
 Signs out longer in advance
 Other (please specify) _____

5.25 Is there a time of year that you would prefer **not** to see major roadworks taking place? (Please tick one box only)

- January – April
 May – September (**including** school holidays)
 May – September (**excluding** school holidays)
 October – December

5.26 How strongly do you agree with the following statement? (Please tick one box only)
“I would prefer more roadworks and maintenance to be carried out at night, even though it would be more expensive and less maintenance would be possible within the budget.”

- Strongly agree
 Agree
 Disagree
 Strongly disagree
 Don't know

5.27 Would you be prepared for road works to be carried out at night in your neighbourhood? (Please tick one box only)

- Yes
 No

Parking

5.28 How do you usually travel to work the majority of the time? (Please tick one box only)

If you are not working please go to question 5.35

- | | | |
|---|--------------------------------|--|
| <input type="checkbox"/> Motorbike/moped | <input type="checkbox"/> Walk | <input type="checkbox"/> Taxi |
| <input type="checkbox"/> Car or van (alone) | <input type="checkbox"/> Cycle | <input type="checkbox"/> Work from home |
| <input type="checkbox"/> Car or van (with others) | <input type="checkbox"/> Bus | <input type="checkbox"/> Live at place of work |

5.29 Do you work in town? (Please tick one box only)

- Yes **Please go to question 5.30**
 No **Please go to question 5.35**

5.30 Have you changed the way you travel to work in the last 5 years? (Please tick one box only)

- Yes **Please go to question 5.31**
 No **Please go to question 5.32**

5.31 How did you previously travel to work the majority of the time? (Please tick one box only)

- | | | |
|---|--------------------------------|--|
| <input type="checkbox"/> Motorbike/moped | <input type="checkbox"/> Walk | <input type="checkbox"/> Taxi |
| <input type="checkbox"/> Car or van (alone) | <input type="checkbox"/> Cycle | <input type="checkbox"/> Work from home |
| <input type="checkbox"/> Car or van (with others) | <input type="checkbox"/> Bus | <input type="checkbox"/> Live at place of work |

5.32 If you drive a car or van to work in town, where do you park? (Please tick one box only)

If you do not drive a car or van to work in town, please go to question 5.35

- Public multi storey car park
 Other public car park
 Private free parking provided by work
 Private parking you pay for
 Other, please specify _____

5.33 Have you changed where you park for work in the last 5 years? (Please tick one box only)

- Yes **Please go to question 5.34**
 No **Please go to question 5.35**

5.34 Where did you park before? (Please tick one box only)

- Public multi storey car park
 Other public car park
 Private free parking provided by work
 Private parking you pay for
 Other, please specify _____

5.35 Do you ever drive a car or van to go shopping in town? (Please tick one box only)

- Yes – regularly **Please go to question 5.36**
 Yes – irregularly **Please go to question 5.36**
 No **Please go to question 5.45**

- 5.36** If you drive a car or van to the shops in town, where do you park? (Please tick one box only)
- Public multi storey car park
 - Other public car park
 - Private free parking provided by work
 - Private parking you pay for
 - Other, please specify _____
- 5.37** Have you changed where you park for shopping in the last 5 years?
(Please tick one box only)
- Yes **Please go to question 5.38**
 - No **Please go to question 5.39**
- 5.38** Where did you park before? (Please tick one box only)
- Public multi storey car park
 - Other public car park
 - Private free parking provided by work
 - Private parking you pay for
 - Other (please specify) _____
- 5.39** How do you currently pay for your town parking? (Please tick one box only)
- By paycard
 - By season ticket
 - I have free parking
 - I pay privately
- 5.40** How convenient is the current method of payment for you? (Please tick one box only)
- Very convenient
 - Convenient
 - Inconvenient
 - Very inconvenient
- 5.41** What payment method would you prefer? (Please tick one box only)
- Happy with current system, don't want change
 - Pay at exit with barrier, with cash at machines (like airport)
 - Pay at exit with barrier, with credit card
 - Pay at exit with barrier, with prepaid cards (like phone cards)
- 5.42** Are you happy with the 3 hour maximum stay at shoppers' car parks?
(Please tick one box only)
- Yes **Please go to question 5.45**
 - No **Please go to question 5.43**
- 5.43** How long would you like to be able to park (to the nearest hour)?
_____ hours

5.44 Would you be prepared to pay the standard rate for 3 hours plus at least double for extra hour(s) parked? (Please tick one box only)

- Yes
- No

5.45 How do you rate the standard of our public car parks? (Please tick one box only)

- Very good
- Good
- Poor
- Very poor
- Don't know

5.46 What improvements to public car parks would you like to see? (Please tick all that apply)

- None
- More public car parks
- Dedicated spaces
- Cleaner
- More lighting
- Safer/monitored by CCTV
- Other (please specify) _____

5.47 Which of these improvements would you be prepared to pay higher parking charges to fund? (Please tick all that apply)

- None
- More public car parks
- Dedicated spaces
- Cleaner
- More lighting
- Safer/monitored by CCTV
- Other (please specify) _____

5.48 From April to September the seasonal charging car parks (mostly near beaches e.g. Victoria Avenue, St Brelade's Bay) are charged at 2 hours for one paycard unit. As well as providing funds for resurfacing those car parks, charging also deters cars from blocking spaces that would be used by beach goers. Do you think: (Please tick one box only)

- Parking should be free all year regardless of beachgoers needs and overall parking charges increase to cover costs
- Parking should be charged all year
- The current system works well
- Other (please specify) _____

Section 6: Health

General Health Status

6.1 By placing a tick in one box in each group below, please indicate which statements best describe your own health state today.

6.1.a Mobility

- I have no problems in walking about
- I have some problems in walking about
- I am confined to bed

6.1.b Self-Care

- I have no problems with self-care
- I have some problems washing or dressing myself
- I am unable to wash or dress myself

6.1.c Usual activities (e.g. work, study, housework, family or leisure activities)

- I have no problems with performing my usual activities
- I have some problems with performing my usual activities
- I am unable to perform my usual activities

6.1.d Pain/discomfort

- I have no pain/discomfort
- I have moderate pain/discomfort
- I have extreme pain/discomfort

6.1.e Anxiety/depression

- I am not anxious/depressed
- I am moderately anxious/depressed
- I am extremely anxious/depressed

6.1.f Smoking

- I am a current smoker
- I am an ex-smoker
- I have never smoked

6.1.g On a scale of one to ten, where ten is the best imaginable health and one is the worst, please enter a number in the box below corresponding to how good or bad your own health is today, in your own opinion.

6.2 In the past four weeks have you: (Please tick one box in each row)

	Not at all	No more than usual	A bit more than usual	Much more than usual
Lost much sleep over worry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Felt constantly under strain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Felt you could not overcome your difficulties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been feeling unhappy and depressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been losing confidence in yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been thinking of yourself as a worthless person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.3 Also in the past 4 weeks have you: (Please tick one box in each row)

	More than usual	Same as usual	Less than usual	Much less than usual
Been able to concentrate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Felt you were playing a useful part in things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Felt capable of making decisions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been able to enjoy your normal activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been able to face up to your problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been feeling reasonably happy, all things considered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attitudes to health

6.4 We are interested in your thoughts on the following illnesses.

Please circle the point on each of the scales that you think best describes your view on people with the illness stated.

e.g. Unpredictable 1 2 **3** Predictable

6.4.a Which points do you think best describes a person with severe depression?

Dangerous to others	1	2	3	Not dangerous to others
Unpredictable	1	2	3	Predictable
Hard to talk with	1	2	3	Easy to talk with
Have only themselves to blame for their condition	1	2	3	Are not to blame for their condition
Would improve if given treatment	1	2	3	Would not improve if given treatment
Feel the way we all do at times	1	2	3	Feel different from the way we feel at times
Could pull themselves together if they wanted	1	2	3	Can't do anything to improve how they feel
Will eventually recover fully	1	2	3	Will never recover fully

6.4.b Which points do you think best describes a person with schizophrenia?

Dangerous to others	1	2	3	Not dangerous to others
Unpredictable	1	2	3	Predictable
Hard to talk with	1	2	3	Easy to talk with
Have only themselves to blame for their condition	1	2	3	Are not to blame for their condition
Would improve if given treatment	1	2	3	Would not improve if given treatment
Feel the way we all do at times	1	2	3	Feel different from the way we feel at times
Could pull themselves together if they wanted	1	2	3	Can't do anything to improve how they feel
Will eventually recover fully	1	2	3	Will never recover fully

6.4.c Which point do you think best describes a person with an addiction (e.g. alcohol or drugs)?

Dangerous to others	1	2	3	Not dangerous to others
Unpredictable	1	2	3	Predictable
Hard to talk with	1	2	3	Easy to talk with
Have only themselves to blame for their condition	1	2	3	Are not to blame for their condition
Would improve if given treatment	1	2	3	Would not improve if given treatment
Feel the way we all do at times	1	2	3	Feel different from the way we feel at times
Could pull themselves together if they wanted	1	2	3	Can't do anything to improve how they feel
Will eventually recover fully	1	2	3	Will never recover fully

6.5 Do you personally know anyone who has had a mental illness?

- Yes
- No

Housing Lifestyle

6.6 How satisfied are you with your accommodation? (Please tick one box only)

- Very satisfied
- Slightly satisfied
- Slightly dissatisfied
- Very dissatisfied

6.7 How would you describe the state of repair of your home? (Please tick one box only)

- Good
- Adequate
- Poor

6.8 Do you consider any of the following to be problems with your accommodation?

(Please tick all that apply)

- Shortage of space
- Too dark, not enough light
- Lack of adequate heating facilities
- Leaky roof
- Damp walls, floors, foundations
- Rot in window frames
- Mould
- No place to sit outside (e.g. terrace or garden)
- Have to share toilet or bathroom facilities with other people (not family)
- Have to share cooking facilities with other people (not family)
- No problems
- Other (please specify) _____

6.9 Have your health problems or the health problems of anyone in your household been made worse by your housing situation? (Please tick one box only)

- Yes
- No

Drinking

6.10 On average how often do you have a drink containing alcohol? (Please tick one box only)

- Never/rarely
- Less than once a week
- 1 or 2 times a week
- 3 to 5 times a week
- 6 or more times a week

6.11 On how many days last week did you have an alcoholic drink? (score: 0-7) _____
If you did not have an alcoholic drink within the last week please go to question 6.14

In answering the next questions, please use the following information:

Type of drink	Number of standard drinks
One half pint of ordinary strength beer, cider or lager. One small glass of wine. One small glass of sherry, port or vermouth. One single measure (25ml) of a spirit (e.g. Gin, Whisky, Vodka). One single measure (25ml) of a liqueur (e.g. Cointreau, Tia Maria).	1
One bottle of Alcopop (e.g. Smirnoff Ice, Bacardi Breezer, WKD). One large glass of wine.	1.5
One half pint of extra strength beer, cider or lager. One pint of ordinary strength beer, cider or lager. One double measure (50ml) of a spirit.	2
One pint of extra strength beer, cider or lager.	4

6.12 In the last week, how many standard drinks did you have? (Please tick one box only)

- 1 to 7
- 8 to 14
- 15 to 21
- More than 21

6.13 If you had an alcoholic drink in the last week what was the maximum number of standard drinks you had in one day or evening? (Please tick one box only)

- 1 to 3
- 4 or 5
- 6 or 7
- 8 or more

6.14 How often do you have 6 or more standard drinks on one occasion? (Please tick one box only)

- | | |
|--|--|
| <input type="checkbox"/> Daily or almost daily | <input type="checkbox"/> Less than monthly |
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Never |
| <input type="checkbox"/> Monthly | |

6.15 How often during the past year: (Please tick one box in each row)

	Daily or almost daily	Weekly	Monthly	Less than monthly	Never
Have you found that you were not able to stop drinking once you had started?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you failed to do what was expected of you because of your drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a feeling of guilt or regret after drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been unable to remember what happened the night before because you had been drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.16 Please tick the box in each row which applies to you for each question:

	No	Yes, but not in the last year	Yes, during the last year
Have you or someone else been injured as a result of your drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a friend, doctor or other health worker been concerned about your drinking or suggested you cut down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 7: Energy use

7.1 Please indicate the number of each of the following appliances that are in your whole household.

Appliance	Number in household	Number with A or B energy efficiency rating if known
Televisions		
Video/DVDs		
Home computers		
Music systems		
Game consols		
Fridges and freezers		
Washing machine		
Tumble dryer		
Dish washer		
Patio heater		

7.2 Does your household have any of the following items in your home?
(Please tick one box in each row)

	Everywhere	Partial/some	None	Not applicable	Don't know
Energy saving light bulbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double glazing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insulated hot water tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal draft excluders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
External draft excluders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cavity wall insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loft insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.3 How important to you is it to improve the energy efficiency of your present home?
(Please tick one box only)

- Very important
- Fairly important
- Not very important
- Not at all important

7.4 Do you try to limit the amount of energy you use in your home in any of the ways listed?
(Please tick one box in each row)

	Always	Sometimes	Hardly ever	Never
Turning lights off when not in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turning computers off when not in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only heating enough hot water for a bath when you need it, not having it hot all the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turning the heating down in unused rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turning electrical items off 'stand-by' when not in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buying 'energy efficient' products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using less water in the kettle when you boil it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.5 What are the main difficulties in reducing the amount of energy you use?
(Please tick up to **three main** reasons)

- Use only a small amount of energy already
- Too expensive to buy new 'energy efficient' appliances
- Household needs a lot of heating/lighting/other electric equipment
- Difficult to remember to switch things off when not in use
- Habit
- Too disruptive to have work done to improve home
- Not my property – only renting
- No real difficulties
- Other (please specify) _____

7.6 How much would you be prepared to spend on energy saving products as a one-off payment in order to save £50 EACH YEAR off your fuel bills? (Please tick one box only)

- £50 or less
- Between £50 and £100
- Between £100 and £200
- Between £200 and £300
- More than £300
- Don't pay fuel bills

7.7 If grants were available to improve energy efficiency in the home what level of grant towards costs would encourage you to undertake energy efficiency improvements?
(Please tick one box only)

- No grant
- If I were to recover about one-quarter of the costs
- If I were to recover about half of the costs
- If I were to recover about three-quarters of the costs
- If I were to recover all of the costs
- Nothing would encourage me

Heating

7.8 What is the main form of heating and hot water heating in your household?
(Please tick one box in each column)

	Heating	Hot water heating
Electricity	<input type="checkbox"/>	<input type="checkbox"/>
Gas	<input type="checkbox"/>	<input type="checkbox"/>
Oil	<input type="checkbox"/>	<input type="checkbox"/>
Coal/solid fuel	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

7.9 Do you know when the hot water boiler was installed? (Please tick one box only)

- Within last year
- Between 1 and 5 years ago
- Between 5 and 10 years ago
- More than 10 years ago
- Don't know

Water

7.10 How is water supplied to your home? (Please tick one box only)

- Mains
- Bore hole/well
- Don't know
- Other (please specify) _____

7.11 Is your home on a water meter? (Please tick one box only)

- Yes
- No
- Don't know

7.12 If it were possible would you like a water meter in your home? (Please tick one box only)

- Yes
- No
- Don't know

7.13 How is sewage and waste water disposed of in your home? (Please tick one box only)

- Mains sewer
- Septic tank/Soakaway
- Private Sewage Treatment Plan
- Don't know

7.14 How often, out of the following ways, do you try to reduce your water consumption?
(Please tick one box in each row)

	Always	Most of the time	Sometimes	Very occasionally	Never
Taking showers instead of baths	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Recycling bath water e.g. for plants	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Waiting until washing machine/dishwasher is full before running wash-cycle	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Reducing amount of water used in flushing toilet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Using rain water for watering plants/garden	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (please specify) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Waste and Recycling

7.15 Please tick all possible recycling methods that you think exist for the following items:
(Please tick all that apply in each row)

	Take to a recycling bank	Take to La Collette/Bellozane	Other	No way to do this	Don't know
Newspapers and magazines	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other paper and cardboard	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Glass bottles and jars	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cans	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Plastic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Clothes/textiles	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Batteries	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

7.16 How much of each of the following items do you and your household recycle (i.e. take to a recycling facility)? (Please tick one box in each row)

	All	Most	Some	None	Don't know
Newspapers and magazines	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other paper and cardboard	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Glass bottles and jars	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cans	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Plastic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Clothes/textiles	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Batteries	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

7.17 What reasons, if any, have you (or your household) not regularly recycled glass/paper/cans in the last 12 months? (Please tick all that apply)

- Recycling facilities too far away
- No kerbside collections
- Will have little effect on the environment
- Lack of suitable storage space in your home
- No recycling facilities for certain items
- Lack of time or desire
- Little or no glass/paper/cans waste
- Recycle as much as possible
- Other (please specify) _____

7.18 Would you recycle any of these items if they were collected from your doorstep? (Please tick one box in each row)

	All	Most	Some	None	Don't know
Newspapers and magazines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other paper and cardboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glass bottles and jars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clothes/textiles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.19 Which, if any, of the following might prevent you from using a doorstep recycling service? (Please tick all that apply)

- Too much trouble to separate waste/too busy to separate waste
- Don't have space to store different types of waste
- Don't think recycling is important
- Nothing
- Don't know
- Other (please specify) _____

7.20 How often do you buy any of the following recycled products? (Please tick one box in each row)

	Always	Often	Occasionally	Never	Don't personally buy item
Toilet rolls/kitchen towels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing paper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Printer cartridges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.21 Do you do anything to reduce the amount of waste produced in your household?
(Please tick one box in each row)

	Always	Often	Occasionally	Never
Reuse carrier bags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use paper as scrap paper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use rechargeable batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refill printer cartridges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.22 Does your kitchen or garden waste get composted? (Please tick one box only)

- Yes – always
- Yes – sometimes
- No
- Don't know

7.23 What main reason prevents you from composting your kitchen or garden waste or from composting more? (Please tick **one main** reason)

- Don't have a garden
- Too much trouble to separate waste/too busy to separate waste
- Don't have space to store waste
- Waste might smell
- Waste might be a health hazard
- Don't think recycling is important
- Nothing
- Don't know

7.24 If you were offered a weekly door-step collection service for kitchen and garden waste, how often would you use it?

- Always
- Usually
- Sometimes
- Never
- Don't know

Section 8: Public Services

8.1 How do you rate the following services in Jersey?
(Please tick one box in each row; if not applicable to you please tick "Don't know")

	Very good	Good	Poor	Very poor	Don't know
Provision of outside/uncovered public seating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provision of inside/covered public seating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard/quality of Christmas decorations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provision of litter bins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provision of disabled toilets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provision of dropped curbs for wheelchair users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard/quality of Howard Davis Park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard/quality of Coronation Park (Millbrook)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard/quality of Sir Winston Churchill Park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard/quality of Gorey Gardens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard/quality of other public garden areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard/quality of Railway Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard/quality of Springfield	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard/quality of other playing fields	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service provided by the Customer Services Centre in Cyril Le Marquand House	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall information from the States of Jersey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8.2 What additional services would you like to access through the Customer Services Centre?

8.3 Please rank the following sources of information on the basis of how they best inform you about the States of Jersey from one to five, where one is most informative source and five is the least informative.

Source of information	Order (one to five)
States website	
The Media	
Direct communication from the States of Jersey (e.g. letter, email, leaflets)	
The Customer Services Centre	
Public meetings	
Other (please specify)	

8.4 How easy is it to find information on the States website www.gov.je?

- Very easy
- Quite easy
- Quite difficult
- Very difficult
- I do not use it

8.5 To what extent do you agree or disagree with the following statements:
(Please tick one box in each row)

	Agree strongly	Agree slightly	Disagree slightly	Disagree strongly	Don't know
States departments involve the public in decision making?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
States departments are in touch with the public?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please turn over the page for section 9.

Section 9: Lodgers

9.1 In order to ensure the findings are accurate we need to survey members of the whole population. To assist this could you please tick the box below to indicate if there are any lodgers staying in your house? See *Note (d)*

Yes If Yes, how many? _____

No

Note (d): A lodger is defined as a person/persons staying in your property who is paying rent and is not part of your household.

Thank you for taking time to complete this important questionnaire.

If you have any comments on the topics raised in this survey please write in the box below.