

JERSEY ANNUAL SOCIAL SURVEY

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

1 September 2005

Dear Sir/ Madam,

Jersey Annual Social Survey

As you are hopefully aware, over the past year the Statistics Unit has been working to improve the information available about Jersey and making it accessible via the internet at www.gov.je/statistics.

Better quality social statistics are needed for policy making. To achieve this we have been working with other States Departments to develop a new **Jersey Annual Social Survey**. By working together we are able to collect information in a more efficient and cheaper way and limit the number of times individuals are contacted to complete surveys.

The Jersey Annual Social Survey covers a wide range of issues chosen by individual departments which allows them to better serve the people of Jersey.

Your household has been selected at random. To ensure that the survey covers a representative cross section of adults **we ask that the questionnaire is completed by the person living at this address who is 16 years or older and who has the next birthday.**

I would appreciate it if the completed form can be returned to the Statistics Unit by **Friday 23 September 2005**. A pre-paid envelope is enclosed for convenience.

The information provided will be treated with the **strictest confidence** and will only be used to produce total numbers. 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: 603426.

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 Statistics

JERSEY ANNUAL SOCIAL SURVEY

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

Please note that all data will be treated with the **strictest confidence**.
Information provided by individuals will **not be passed** to anyone outside of the Statistics Unit.

Section 1: About You

1.1 Are you? (Please tick) Male Female

1.2 In which year were you born?

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

- Single (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)

- | | | | |
|---|--------------------------|------------------------|--------------------------|
| 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 | <input type="checkbox"/> | <input type="text"/> | |

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

- | | | | |
|------------------------------|--------------------------|--|--------------------------|
| Agriculture and fishing | <input type="checkbox"/> | Finance (including legal work) | <input type="checkbox"/> |
| Construction and tradesmen | <input type="checkbox"/> | Public sector | <input type="checkbox"/> |
| Wholesale and retail | <input type="checkbox"/> | Transport and communications
(including Jersey Airport, Harbours, Post & Telecom) | <input type="checkbox"/> |
| Hotels, restaurants and bars | <input type="checkbox"/> | Jersey Electricity, Jersey Gas or Jersey Water | <input type="checkbox"/> |
| Other (Please specify) | <input type="text"/> | | |

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 ·

1.9 In your main job, what type of contract are you on? (Please tick one box only)

- | | | | | | |
|-----------|--------------------------|---|--------------------------|-----------------------|--------------------------|
| Permanent | <input type="checkbox"/> | Contract less than 1 year | <input type="checkbox"/> | Contract 1 to 5 years | <input type="checkbox"/> |
| Seasonal | <input type="checkbox"/> | Other (e.g. weekend/occasional work etc.) | <input type="checkbox"/> | | |

About your household

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

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

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

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

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.

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

- One Two Three Four Five or more

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

- Adults (aged 16 or over)
- Of which are pensioners (aged 65 or over)
- Children aged 0 to 4
- Children aged 5 to 10
- Children aged 11 to 15

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

- | | |
|--|--------------------------|
| Residentially qualified (a-h category) see Note (c) | <input type="checkbox"/> |
| Essentially employed, approved by the Housing Committee (j category) | <input type="checkbox"/> |
| Residentially qualified (k category) | <input type="checkbox"/> |
| Not residentially qualified | <input type="checkbox"/> |

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

Section 2: Health and Lifestyle

General Health

2.1 Over the last 12 months, would you say your health on the whole has been?
(Please tick one box only)

- Good
 Fairly good
 Not good

2.2 Do you consider that you have a long term health problem/disability?

- Yes What is your main long term health problem/disability
 No

2.3 Which statement best refers to your employment situation? (Please tick one box only)

- I would like a job, but have not got one because of my long term health problem/disability
 I am in work, but my long term health problem/disability has limited my choice of jobs
 I have a long term health problem/disability, but it has not affected my ability to work
 I am retired and am not looking for a job
 I am below retirement age, but I am not looking for a job
 Other (Please specify)

2.4 My long term health problem/disability causes me serious difficulties in:
(Please tick all which apply)

- Getting out and about
 Having a job
 My family life
 My social life
 Education
 No difficulties

2.5 In what areas of everyday living do you have to spend more money because of your long term health problem/disability? (Please tick all which apply)

- Food
 Clothing
 Electricity/heating
 Transport
 Medical costs
 Care
 Other (Please specify)
 None

2.6 How many times have you **visited a doctor** (for yourself only) in the last 12 months?
(Please estimate if you are not sure) times

2.7 How many times have you **called a doctor to your home** (for yourself only) in the last 12 months? (Please estimate if you are not sure) times

2.8 Do you think the cost of visiting a doctor is: (Please tick one box only)

- Good value for money
 About right
 Expensive, but worth it
 Expensive, so I only go when I really have to
 So expensive that it prevents me from going
 I am exempt through Health Insurance Exemption (HIE)
 Don't know

2.9 Does the cost of other types of health care concern you?
(Please enter **number** of visits and **tick boxes** for your views on cost)

2.10 How many times in the last year have you asked your pharmacist for advice on health related issues including how to manage your medicines?
(Please estimate if you are not sure) times

Smoking

2.11 Which of the following best describes you? (Please tick one box only)

- I have never smoked/I don't smoke
- I used to smoke occasionally, but don't now
- I used to smoke daily, but don't now
- I smoke occasionally, but not every day
- I smoke daily

2.12 If you smoke **every day**, how much do you smoke on average *per day*?

Number of cigarettes *per day*

Number of cigars *per day*

Ounces of tobacco *per day*

2.13 If you smoke **occasionally**, how much on average do you smoke *per week*?

Number of cigarettes *per week*

Number of cigars *per week*

Ounces of tobacco *per week*

2.14 Would you like to stop smoking?

Yes No

2.15 Have you made a serious attempt to stop smoking in the past 12 months?

Yes No

2.16 Are you aware that there is a service in Jersey to help people stop smoking?

Yes No

2.17 How worried are you about inhaling other people's smoke? (Please tick one box only)

A great deal Quite a lot A little Not at all Don't know

2.18 Would you support a ban on smoking in all public places and enclosed workplaces such as offices, shops, pubs, restaurants, nightclubs, cinemas, etc? (Please tick one box only)

Yes No Don't know

2.19 In your opinion, should any enclosed workplace be exempt from a smoking ban?

(Please tick one box only)

Yes No Don't know

If yes, please specify which

Diet

2.20 How many portions of fruit and vegetables do you think health experts recommend you eat every day? (Please enter number in box)

2.21 How many portions of the following foods have you eaten in the last 24 hours?

(Please tick one box in each of parts a to c below)

a) **Portions of fruit** (including raw, canned, dried, cooked, but excluding fruit juice)

A portion is something like 1 apple, 1 orange, 1 banana, 2 plums, cupful of grapes, half tablespoon dried raisins, 3 tablespoons of stewed apple, etc.

None One Two Three Four Five More than five

b) **Portions of cooked or uncooked vegetables**

(excluding potatoes, but including any other fresh, frozen or canned vegetables)

A portion is something like a bowl of salad, 3 tablespoons of peas or sweetcorn, 2 tablespoons of broccoli, carrots, cabbage, baked beans, etc.

None One Two Three Four Five More than five

c) **Small glass of pure fruit or vegetable juice?** (excluding diluted squash or cordial drinks)

None One Two or more

Weight

2.22 Which of the following best describes you? (Please tick one box only)

I am underweight

I am about the right weight

I am a little overweight

I am very overweight

I am not sure about my weight

2.23 Approximately how tall are you?

You may answer either in metres or in feet and inches.

· metres or feet inches

2.24 Approximately how heavy are you?

You may answer in either kilograms or stones and pounds.

· kilos or stone pounds

3.11. Why do you shop at the town fish market? (Please tick up to two main reasons)

To buy fresh produce	To buy local produce	Because they have a wide selection	Convenient location in town	To support the local markets	To eat at restaurants	Other reason, please specify
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

3.12 How often do you shop at the town fruit and vegetable market? (Please tick one box only)

Daily	More than once a week	Once a week	Once or twice a month	Hardly ever	Never
<input type="checkbox"/>					

3.13 Why do you shop at the town fruit and vegetable market? (Please tick up to two main reasons)

To buy fresh produce	To buy local produce	Because they have a wide selection	Convenient location in town	To support the local markets	To visit speciality shops	Other reason, please specify
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

3.14 If you do not shop at the town markets, please tick one box to indicate the main reason.

Produce too expensive	Location not convenient	Difficulty of parking	Don't like to carry shopping through town	Don't do food shopping	Other reason, please specify
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Use of Library

3.15 Do you have a valid library card for the States of Jersey libraries?

Yes No

3.16 When did you last visit one of the States of Jersey public libraries?

(Please tick one box in each row)

3.17 Which facilities do you mainly use at the library? (Please tick all that apply)

Loans of books	Loan of music	Reference section	Study area	Photocopy service	Internet access	Reading newspapers/magazines	Other, please specify
<input type="checkbox"/>	<input type="text"/>						

3.18 If you do not use the library service regularly, please can you tell us why not?

(Please tick all boxes which apply)

Too busy, not enough time

I don't know what the library offers

The opening hours are not convenient

Location of libraries is not convenient

I buy all my books, magazines and newspapers

I use the Internet at home or work for my information needs

Other (Please specify)

3.19 To improve the Library service in the future, which of the following list of possible improvements would make a difference to whether you use the library?

	Tick	Libraries
Later night opening on some weekdays	<input type="checkbox"/>	<input type="text"/>
Opening longer at weekends	<input type="checkbox"/>	<input type="text"/>
Staff help/advice on reading and information	<input type="checkbox"/>	<input type="text"/>
Wider range of books	<input type="checkbox"/>	<input type="text"/>
More copies of popular books	<input type="checkbox"/>	<input type="text"/>
More newspapers and magazines	<input type="checkbox"/>	<input type="text"/>
More story times, activities and events for young children	<input type="checkbox"/>	<input type="text"/>
More computer/internet availability	<input type="checkbox"/>	<input type="text"/>
None of the above will make a difference	<input type="checkbox"/>	<input type="text"/>
Other (Please specify)	<input type="checkbox"/>	<input type="text"/>

4.2 What influences the way you travel to work/school/college?

(Please tick **no more than three** boxes)

- Availability of car
- No car
- Parking space
- Cost of travel
- Opportunity to exercise
- Car needed for work
- Need vehicle for carrying heavy/bulky items
- Quickest by car
- Quickest by bike
- Walking/cycling impossible due to physical disability
- Too far to walk or cycle
- Need to drop off children/family
- Convenience of public transport
- Environmental reasons
- Other (Please specify)

4.3 How many of the following vehicles are available for use by anyone in your household?

(Please enter number of vehicles in each box).

- | | | | |
|----------------------|----------------------|----------------------|----------------------|
| Cars | Vans | Motorcycles | Adult bicycles |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

4.4 How often do you travel by car or van, either as a driver or as a passenger?

(Please tick one box only)

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Every day | Several times a week | Once a week | Once or twice a month | Once or twice a year | Never |
| <input type="checkbox"/> |

4.5 For what purpose are the journeys you mostly make by car or van?

(Please tick all which apply)

- | | | | | | | |
|--------------------------|---------------------------------|--------------------------|-------------------------------|-------------------------------|--------------------------|-----------------------|
| To and from work | To and from a school or college | To and from the shops | To visit friends or relatives | For social or leisure reasons | Main form of transport | Other, please specify |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |

4.6 What would encourage you to use the car or van less? (Please tick all which apply)

- Better school transport
- Flexible working hours
- Improved bus services
- Better pavements
- More cycling facilities
- More expensive parking
- More traffic congestion
- Helping the environment
- Nothing
- Other (Please specify)

4.7 How often do you walk for more than 10 minutes? (Please tick one box only)

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Every day | Several times a week | Once a week | Once or twice a month | Once or twice a year | Never |
| <input type="checkbox"/> |

4.8 For what purpose are the journeys you mostly make when you walk for more than 10 minutes? (Please tick all which apply)

- To and from work
- To and from a school or college
- To and from the shops
- To accompany children or other people
- To visit friends
- Simply for pleasure/dog walking
- As exercise, for health reasons
- Main form of transport
- Other (Please specify)

4.9 What would encourage you to walk more? (Please tick all which apply)

- More pavements or footpaths outside town
- More out of town parking
- Cheaper out of town parking
- To adopt a healthier lifestyle
- Improved street lighting
- Less worries over personal safety
- Nothing – walk as much as possible
- Nothing – takes too long
- Nothing – other reason, please specify

4.21 How often do you take the boat onto the open sea during the summer season (between May and September)? (Please tick one box only)

Every day	Several times a week	Once a week	Twice a month	Once a month	Once every two months	Less than once every two months
<input type="checkbox"/>						

4.22 What activity do you usually use the boat for? (Please tick one box only)

General pleasure	Leisure fishing	Commercial fishing	Going to France	Going to other Channel Islands	Racing
<input type="checkbox"/>	<input type="checkbox"/>				

4.23 Have you been deterred from buying a pleasure boat due to a lack of mooring space?

Yes	No	Partly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 5: Pensions

5.1 For people working or retired: How much thought did you, or are you giving, to making arrangements for an income for retirement? (Please tick one box only)

A lot of thought	<input type="checkbox"/>
Some thought	<input type="checkbox"/>
Very little thought	<input type="checkbox"/>
Not thought about it at all	<input type="checkbox"/>

5.2 Do you currently have, or have you had in the past, any of the following pension schemes? (Please tick all which apply)

Private/personal pension	<input type="checkbox"/>
Occupational/employer's pension	<input type="checkbox"/>
None of the above	<input type="checkbox"/>

Don't know

5.3 If you do not have a private/personal pension: What is the main reason that you do not have a private pension? Or if you have already retired, please give the main reason for not contributing to a private pension during your working life. (Please tick one box only)

I am relying on my social security pension (from Jersey or another country)	<input type="checkbox"/>
I am relying on my occupational pension	<input type="checkbox"/>
I am relying on spouse's/partner's pension	<input type="checkbox"/>
I am relying on other sources of income	<input type="checkbox"/>
Don't earn enough	<input type="checkbox"/>
Can't afford to	<input type="checkbox"/>
Not working at the moment	<input type="checkbox"/>
Too early to start a pension	<input type="checkbox"/>
Not interested	<input type="checkbox"/>
Don't know enough about pensions	<input type="checkbox"/>
Other (Please specify)	<input type="text"/>

5.4 What is/do you expect to be your main source/s of income in retirement?

(Please tick all which apply)

Own Jersey social security pension	<input type="checkbox"/>
Spouse's/partner's Jersey social security pension	<input type="checkbox"/>
Own social security pension from another country	<input type="checkbox"/>
Spouse's/partner's social security pension from another country	<input type="checkbox"/>
Own occupational pension	<input type="checkbox"/>
Spouse's/partner's occupational pension	<input type="checkbox"/>
Own private pension	<input type="checkbox"/>
Spouse's/partner's private pension	<input type="checkbox"/>
Own earnings from paid work	<input type="checkbox"/>
Spouse's/partner's earnings from paid work	<input type="checkbox"/>
Sale of possessions	<input type="checkbox"/>
Savings/investments	<input type="checkbox"/>
Raising money against value of your home (equity release)	<input type="checkbox"/>
Other (Please specify)	<input type="text"/>

Section 6: Policing in Jersey

6.1 How safe or unsafe do you consider your neighbourhood to be (say within 5 minutes walk of your home)? (Please tick one box only)

Very safe	Fairly safe	A bit unsafe	Very unsafe	Don't know
<input type="checkbox"/>				

6.2 How safe or unsafe do you consider the town centre to be after dark? (Please tick one box only)

Very safe	Fairly safe	A bit unsafe	Very unsafe	Don't know
<input type="checkbox"/>				

6.3 Thinking about your answer to question 6.2, please indicate the extent to which each of the following has influenced your opinion? (Please tick one box in each row)

	Major influence	Minor influence	No influence	Don't know
Personal experience of visiting town centre after dark	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The experience of your family or friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What you have seen or heard in the local media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National media coverage of street violence in the UK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.4 How much of a problem is each of the following in Jersey as a whole?

(Please tick one box in each row)

	Major problem	Minor problem	Not a problem	Don't know
A Anti-social behaviour by young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B Burglary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C Drink-driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D Domestic violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E Money laundering and major financial crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F People dealing in drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G Speeding motorists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H Street violence and disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I Theft of or from vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J Petty theft and shoplifting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K Vandalism and graffiti	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L Other (Please specify) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.5 Considering the list in question 6.4 above, which do you think are currently the three most important problems for the police to deal with both in your neighbourhood and in Jersey? (Please write your choice of letters, A to L, from question 6.4 in the boxes below. You can leave some boxes blank if you wish).

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6.6 To what extent do you agree or disagree with the following statements:

	Strongly agree	Tend to agree	Tend to disagree	Strongly disagree	Don't know
The relations between Jersey Police and the public are good	<input type="checkbox"/>				
Jersey Police are in touch with the needs of the community	<input type="checkbox"/>				
I am confident I would receive a good service from Jersey Police if I needed their assistance	<input type="checkbox"/>				

6.7 During the last twelve months, how good or poor a job do you think the States of Jersey Police have been doing in each of these areas of their work?

(Please tick one box in each row)

	Very poor	Poor	Good	Very good	Don't know
Catching people who sell illegal drugs	<input type="checkbox"/>				
Catching people who commit burglaries	<input type="checkbox"/>				
Catching people who commit violent crimes	<input type="checkbox"/>				
Promoting and enforcing road safety	<input type="checkbox"/>				
Tackling street violence and disorder in the town centre after dark	<input type="checkbox"/>				
Overall policing of the Island	<input type="checkbox"/>				

Section 7: Public Services

7.1 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 poor	Poor	Good	Very good	Don't know
Services provided by the public libraries	<input type="checkbox"/>				
Cleanliness of our beaches	<input type="checkbox"/>				
Cleanliness of our pavements and roads	<input type="checkbox"/>				
Cleanliness of our public toilets	<input type="checkbox"/>				
Condition of our roads	<input type="checkbox"/>				
Condition of our pavements	<input type="checkbox"/>				
Enough street lighting	<input type="checkbox"/>				
Enforcement of parking restrictions in town	<input type="checkbox"/>				
Adequacy of road signs	<input type="checkbox"/>				
Island-wide recycling bins	<input type="checkbox"/>				
La Collette green waste facilities	<input type="checkbox"/>				
Bellozanne waste facilities	<input type="checkbox"/>				
Availability of public parking in town for shopping	<input type="checkbox"/>				
Availability of public parking in town for work	<input type="checkbox"/>				
Management of road works	<input type="checkbox"/>				
The number of pedestrian crossings in town	<input type="checkbox"/>				
Availability of cycle parking	<input type="checkbox"/>				
Availability of motorcycle parking	<input type="checkbox"/>				

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 (f)

No Yes If Yes, how many?

Note (f): 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.