

# JERSEY ANNUAL SOCIAL SURVEY 2009

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

States   
of Jersey

Dear Jersey resident,

25<sup>th</sup> June 2009

**Your household has been chosen at random to complete the Jersey Annual Social Survey 2009.** The survey is designed to gather information on Jersey residents' opinions and behaviours. This information is used to directly **inform policy decisions**, and to **monitor their impact** on aspects of Island life.

To make sure we have a random sample of adults covered by the survey, **we ask that the questionnaire is completed, either on paper or online, by the person living at this address who is 16 years or older and who has the next birthday.**

I would appreciate if the form could be completed and returned to the Statistics Unit, either online or by post, **by Friday 10<sup>th</sup> July**. A pre-paid envelope is enclosed for your convenience.

The information you provide will be treated with the **strictest confidence** and will **only** be used to produce total numbers. Identifiable individual information will **not** be passed to any other States Department.

**Thank you** in advance for your time. If you have **any questions** relating to completing the questionnaire, or would like to discuss any aspect of the survey, please contact Sarah Davis, tel: 440418.

Yours faithfully,



Dr Duncan Gibaut  
Head of Statistics  
States of Jersey Statistics Unit  
direct dial: +44 (0)1534 440403, web: [www.gov.je/statistics](http://www.gov.je/statistics)

**Se necessitar de algum esclarecimento relacionado com este questionário, e favor de contactar au Customer Service Centre através do telefone 445500.**

**Jesli potrzebuje pani pomocy w wypelnieniu tego kwestionariusza, prosze o kontakt z bbiurem obslugi klienta pod numerem 445500.**



## Section 1: About You

1.1 Are you? *(Please tick one box only)*

01  Male

02  Female

1.2 In what year were you born?

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

01  Single (never married)

02  Cohabiting (not married)

03  Married (first marriage)

04  Re-married

05  Separated (but still legally married)

06  Divorced

07  Widowed

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

01  Jersey

02  Elsewhere in the British Isles\* or the Republic of Ireland

03  Portugal/Madeira

04  Poland

05  Other European country *(please specify country: \_\_\_\_\_)*

06  Elsewhere *(please specify country: \_\_\_\_\_)*

*\* includes: 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)*

01  At birth or In (year) \_\_\_\_\_

1.6 To which cultural and ethnic group do you consider you belong?

White:

11  British

12  Jersey

13  Irish

14  Polish

15  Portuguese/Madeiran

Asian:

21  Bangladeshi

22  Chinese

23  Indian

24  Pakistani

25  Thai

Black:

31  African

32  Caribbean

Other, or mixed:

41  Please specify \_\_\_\_\_

## Employment

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

- |  |  |
|--|--|
| <input type="radio"/> 01 Working for an employer                             | <input type="radio"/> 06 Unemployed, looking for work            |
| <input type="radio"/> 02 Self-employed, employing others                     | <input type="radio"/> 07 Unemployed, <i>not</i> looking for work |
| <input type="radio"/> 03 Self-employed, not employing others                 | <input type="radio"/> 08 In full-time education                  |
| <input type="radio"/> 04 Retired   | <input type="radio"/> 09 A homemaker                             |
| <input type="radio"/> 05 Unable to work due to long-term sickness/disability | <input type="radio"/> 10 Other (please specify) _____            |

If you are not in employment please go to question 1.14 “Education”

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

- 01 Agriculture and fishing
- 02 Finance (including legal work)
- 03 Construction and tradesmen
- 04 Wholesale & retail
- 05 Transport and communications (including Jersey Airport, Harbours, Post & Telecom)
- 06 Private education or Private health
- 07 Hotels, restaurants and bars
- 08 Electricity, gas and water
- 09 Public sector
- 10 Other, (please specify: \_\_\_\_\_)

1.9 How many hours do you **usually** work in your main job each week?

(Do not count overtime and meal breaks)  hours per week

1.10 How many people work in your main place of employment?

- 01 Less than 25 people
- 02 25 or more

1.11 Do you supervise any other employees?

- 01 Yes
- 02 No

1.12 What is your job title?

\_\_\_\_\_

1.13 Which of the following best describes the work you do?

**Routine, Semi-routine, Manual or Service occupation**

*e.g. HGV or van driver, cleaner, porter, packer, sewing machinist, messenger, labourer, waiter/waitress, bar staff, postal worker, machine operative, security guard, caretaker, farm worker, catering assistant, receptionist, sales assistant*

**Technical or Craft occupation**

*e.g. motor mechanic, fitter, inspector, plumber, printer, tool maker, electrician, gardener*

**Clerical or intermediate occupation**

*e.g. secretary, personal assistant, clerical worker, office clerk, call centre agent, nursing auxiliary, nursery nurse*

**Professional occupation (normally requiring a professional qualification)**

*e.g. accountant, solicitor, medical practitioner, scientist, civil / mechanical engineer, teacher, nurse, physiotherapist, social worker, welfare officer, artist, musician, police officer (sergeant or above), software designer, fund administrator*

**Middle or Junior Manager**

*e.g. office manager, retail manager, bank manager, restaurant manager, warehouse manager, publican*

**Senior Manager**

*(usually responsible for planning, organising and co-ordinating work) e.g. finance manager - chief executive*

**Not sure**

## Education

1.14 What is your highest **educational** qualification?

*(Please exclude any professional qualifications) (Please tick one box only)*

No formal qualifications

GNVQ/BTEC Introductory Diploma (Foundation)

'O' levels/CSE/GCSE/ BTEC First/ GNVQ (Intermediate)

AS-Level

A/ A2-Level/ BTEC National/ GNVQ (Advanced)

First Degree

Higher Degree e.g. (Masters/PhD)

Other *(please specify: \_\_\_\_\_)*

**If you are a graduate**, please answer the following **two** questions.

*If you have more than one degree, please describe your **most recent degree** in your answers.*

1.15 What year did you graduate?

*(If you are not a graduate, please go to question 1.17)*

**1.16** What subject was your degree? *(Please tick the subject category your degree best fits into below)*

- |  |  |
|--|--|
| <input type="radio"/> 01 Agriculture & related subjects    | <input type="radio"/> 13 Historical &/or Philosophical studies |
| <input type="radio"/> 02 Architecture, building & planning | <input type="radio"/> 14 Languages                             |
| <input type="radio"/> 03 Biological sciences               | <input type="radio"/> 15 Law                                   |
| <input type="radio"/> 04 Business & administrative studies | <input type="radio"/> 16 Mathematical sciences                 |
| <input type="radio"/> 05 Combined                          | <input type="radio"/> 17 Media & communications                |
| <input type="radio"/> 06 Computer science                  | <input type="radio"/> 18 Medicine & dentistry                  |
| <input type="radio"/> 07 Creative arts & design            | <input type="radio"/> 19 Physical sciences                     |
| <input type="radio"/> 08 Economics &/or Politics           | <input type="radio"/> 20 Psychology                            |
| <input type="radio"/> 09 Education                         | <input type="radio"/> 21 Social studies                        |
| <input type="radio"/> 10 Engineering & technology          | <input type="radio"/> 22 Subjects allied to medicine           |
| <input type="radio"/> 11 English                           | <input type="radio"/> 23 Veterinary science                    |
| <input type="radio"/> 12 Geography & environmental science | <input type="radio"/> 24 Other – <i>please specify</i> _____   |

## About Your Household

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

- 01 Bedsit
- 02 Flat/maisonette
- 03 Semi-detached/terraced house
- 04 Detached house/bungalow

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

- |  |  |
|--|--|
| <input type="radio"/> 01 Owner occupied              | <input type="radio"/> 07 Staff/service accommodation             |
| <input type="radio"/> 02 Sheltered/disabled*         | <input type="radio"/> 08 Lodger paying rent in private household |
| <input type="radio"/> 03 Old peoples/retirement home | <input type="radio"/> 09 Registered lodging house                |
| <input type="radio"/> 04 States/Parish rent          | <input type="radio"/> 10 Other Non-qualified accommodation       |
| <input type="radio"/> 05 Housing trust rent          |  |
| <input type="radio"/> 06 Qualified Private rent      |  |

*\*Sheltered/disabled housing is designed so that elderly or physically disabled people can live independently. The homes are often built in groups and provided with a warden or emergency call facilities.*

1.19 Does anyone in your household have residential qualifications\*? (Please tick one box only)

<sup>01</sup>  Yes ...please go to the next question

<sup>02</sup>  No ...please go to question 1.21

\* A person who is qualified under Jersey Housing Law and entitled to purchase a property in Jersey

1.20 If yes, which residential category are they qualified under? (Please tick any that apply to the adults in your household)

A to H category (through a time of living on the Island or through family connections)

J category ("Essentially employed", approved by the Housing Department)

K category (consent given on social or economic grounds)

I don't know

1.21 Are there any members of your household who have moved to Jersey to live within the last 12 months?

<sup>01</sup>  Yes - How many (including yourself)? \_\_\_\_\_

<sup>02</sup>  No

1.22 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

1.23 How many bedrooms are there for use by your household?

## Section 2: Early-years, Childcare and Youth

***If there is no-one in your household aged under 26 years, please skip this section and go straight to Section 3 “Careers, Sport and culture”***

2.1 Do you have any pre-school children in your household (less than 5 years old?)

<sup>01</sup>  Yes ...please go to the next question

<sup>02</sup>  No ...please go to the **question 2.6 “School-aged care”**

2.2 Please enter the age of each child in your household who is **under 5 years** of age

Preschool child 1	Preschool child 2	Preschool child 3
<input type="text"/> yrs	<input type="text"/> yrs	<input type="text"/> yrs

### Current hours at preschool childcare during term-time

2.3 Please indicate how many hours each of your **pre-school** children **currently** attend each childcare setting in a **typical term-time** week:

	Preschool child 1	Preschool child 2	Preschool child 3
Nursery attached to a primary school	<input type="text"/> hours	<input type="text"/> hours	<input type="text"/> hours
Registered day nursery or preschool (not attached to a primary school)	<input type="text"/> hours	<input type="text"/> hours	<input type="text"/> hours
Day care in a private home	<input type="text"/> hours	<input type="text"/> hours	<input type="text"/> hours

### Planned hours at childcare from September 2009 during term-time

Nurseries attached to primary schools have in the past provided free early years education for the children attending. The Nursery Education Fund comes into effect in September 2009. It means that **all** children, in the year before they start school, are funded for 20 hours of nursery education during term-time, whether they attend a nursery attached to a primary school, **or** a registered day nursery or preschool.

2.4 Please indicate how many hours **you are planning** for each of your pre-school children to attend each childcare setting in a typical term-time week **from September 2009 onwards**:

	Preschool child 1	Preschool child 2	Preschool child 3
Nursery attached to a primary school	<input type="text"/> hours	<input type="text"/> hours	<input type="text"/> hours
Registered day nursery or preschool (not attached to a primary school)	<input type="text"/> hours	<input type="text"/> hours	<input type="text"/> hours
Day care in a private home	<input type="text"/> hours	<input type="text"/> hours	<input type="text"/> hours

2.5 How many hours do your **pre-school** children currently attend day care in a typical week outside of term-time?

(Please enter '0' if they do not attend day care outside of term-time)

Preschool child 1	Preschool child 2	Preschool child 3
<input type="text" value="hours"/>	<input type="text" value="hours"/>	<input type="text" value="hours"/>

### School-aged care

2.6 Do you have any school-aged children in your household (children aged between 5 and 16 years)?

<sup>01</sup>  Yes ...please go to the next question

<sup>02</sup>  No ...please go to **question 2.9** "Young people aged 9 – 25 years"

2.7 Please enter the age of each child in your household who is attending school (ie between 5 and 16 years)

School-aged child 1	School-aged child 2	School-aged child 3
<input type="text" value="yrs"/>	<input type="text" value="yrs"/>	<input type="text" value="yrs"/>

2.8 Please tick whether each of the school-aged children in your household attend the following outside-of-school facilities?

	School-aged child 1	School-aged child 2	School-aged child 3
Breakfast clubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After school clubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity clubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"Education, Sport & Culture" (ESC) Activity clubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Young people aged between 9 and 25 years

Please answer these two questions if you have any young people aged 9 – 25 years in your household

**2.9** Do any of the young people (aged between 9 and 25 years) in your household attend a youth project/centre?

- <sup>01</sup>  Yes                      ...please go to Section 3  
<sup>02</sup>  No                                ...please go to the next question  
<sup>03</sup>  Not applicable            ...please go to Section 3

**2.10** If no, why do they **not** attend a youth project/centre?

- Not enough money  
 Too busy  
 Not interested  
 Don't know enough about it  
 Not able to get to one  
 Feel too old  
 I don't know  
 Other – please specify \_\_\_\_\_

## Section 3 : Careers, Sport and Culture

### “Careers Jersey”

- 3.1 “Careers Jersey” was recently formed by bringing together two different careers services (the Jersey Careers Service, provided by Education Sport and Culture, and Adult Careers, provided by the Social Security Department).  
**Have you heard of “Careers Jersey”?**  
01  Yes  
02  No
- 3.2 Have you used any of the following services provided by the States Careers Services in the last 3 years? (*Please tick any that apply*)
- Careers advice over the phone
  - One-to-one careers advice
  - Help with CV’s, letters of applications or interviews
  - Guidance on education or training
  - Information on courses or careers
  - The States Careers Services website
- 3.3 If you haven’t used the States Careers Services in the last 3 years, why not? (*Tick any that apply*)
- No need
  - I used other sources of information and/or help
  - I thought it was only available to those still in education
  - I thought it was only available to people who were unemployed
  - I wasn’t aware of the service

### Jersey Library

- 3.4 In the last 12 months, have you used any of the following:
- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Town Library at Halkett Place?                      | 01 <input type="radio"/> Yes | 02 <input type="radio"/> No |
| -----   |                              |                             |
| Les Quennevais Branch Library?                      | 01 <input type="radio"/> Yes | 02 <input type="radio"/> No |
| -----   |                              |                             |
| Jersey Library online services?                     | 01 <input type="radio"/> Yes | 02 <input type="radio"/> No |
| -----   |                              |                             |
| The Home Library service?                           | 01 <input type="radio"/> Yes | 02 <input type="radio"/> No |
| -----   |                              |                             |
| The Mobile Library service?                         | 01 <input type="radio"/> Yes | 02 <input type="radio"/> No |
| -----   |                              |                             |
| The Library Service by email, phone, letter or fax? | 01 <input type="radio"/> Yes | 02 <input type="radio"/> No |
| -----   |                              |                             |
- 3.5 In the last 12 months, have you attended any events run by the Library service, such as talks, presentations, author visits or story times?  
01  Yes      02  No

## Cultural activities and events

3.6 In the past 12 months, how often have you attended the following types of cultural event in Jersey?

	Not at all	Once or twice	3 – 9 times	10 times or more
Theatre (including plays, pantomime)?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Ballet / Dance?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Cinema?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Musical / Opera / Operetta?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Concert / Musical performance?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Open-air festival event?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Exhibitions (eg. arts, crafts, photography)?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Other (please specify _____ )	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>

3.7 In the past 12 months, have you taken part in any of the following activities in Jersey?

Drama or other stage performance?	01 <input type="radio"/> Yes	02 <input type="radio"/> No
Dance / ballet?	01 <input type="radio"/> Yes	02 <input type="radio"/> No
Playing a musical instrument or singing in a choir?	01 <input type="radio"/> Yes	02 <input type="radio"/> No
Art or craft activity (eg. painting, drawing, photography...)?	01 <input type="radio"/> Yes	02 <input type="radio"/> No
Reading fiction?	01 <input type="radio"/> Yes	02 <input type="radio"/> No
Other (please specify _____ )	01 <input type="radio"/> Yes	02 <input type="radio"/> No

**3.8** How much do you agree or disagree with the following statements about cultural events (such as those listed in question 3.6)?

	Not applicable to me	Strongly agree	Slightly agree	Slightly disagree	Strongly disagree
Having opportunities to attend, or participate in, cultural events contributes positively to quality of life in Jersey	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
When I travel out of the Island I like to attend cultural events	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
I would make a trip out of the Island <i>specifically</i> to attend a cultural event	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
I like to learn and experience new things in my leisure time	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Having a varied selection of cultural events and opportunities is good for the Island	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>

**3.9** What reasons prevent you from attending more cultural events in Jersey? (Please tick all that apply)

- Not interested in cultural events
- Range of cultural events currently offered in Jersey not wide enough
- I feel out of place in a gallery, theatre or other venue
- No-one to go with
- Not enough time
- Not enough information about events happening
- It is difficult to get to and from cultural events
- Not enough money
- Other – please specify \_\_\_\_\_

**Organised sport – e.g. clubs and/or activities using public facilities**

3.10 How many times in a typical week do you **normally** undertake moderate intensity sport or physical activity **whilst at a sports club or using public facilities**, for **30 minutes or longer** (this may be built up in spells of 10 or 15 minutes).

This includes all **organised** sport in which you participate through a **club** and also activities involving the use of **public facilities** such as gyms, golf, keep fit and swimming. *(Please tick one box only)*

- 01  None
- 02  Once
- 03  Twice
- 04  Three times
- 05  Four times
- 06  Five or more times

**Other, non-organised physical activity**

3.11 In addition, how many times in a typical week do you **normally** undertake **any other moderate physical activity** for **30 minutes or longer**.

This includes any manual work as part of your job and also physical activity such as cycling to work or the shops, brisk walking, dancing, jogging, swimming in the sea, heavy gardening and housework. *(Please tick one box only)*

- 01  None
- 02  Once
- 03  Twice
- 04  Three times
- 05  Four times
- 06  Five or more times

3.12 Would you say that you are: (Please tick one box only)

- 01  Very physically active
- 02  Fairly physically active
- 03  Not very physically active
- 04  Not at all physically active

## Section 4: Health and Lifestyle

### General Health

4.1 In general, how would you rate your health?

- 01  Excellent  
 02  Very Good  
 03  Good  
 04  Fair  
 05  Poor

4.2 Which of the following best describes you?

- 01  I am a current smoker  
 02  I am an ex-smoker  
 03  I have never smoked

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

	Not at all	No more than usual	Rather more than usual	A lot more than usual
Lost much sleep over worry?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Felt constantly under strain?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Felt you could not overcome your difficulties?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Been feeling unhappy and depressed?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Been losing confidence in yourself?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Been thinking of yourself as a worthless person?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>

4.4 Also in the past four 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?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Felt you were playing a useful part in things?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Felt capable of making decisions?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Been able to enjoy your normal activities?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Been able to face up to your problems?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Been feeling reasonably happy, all things considered?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>

## Housing standards

- 4.5** Which of the following locations best describes the area in which you live? *(Please tick one only)*
- 01 Urban area close to a busy road
  - 02 Urban area close to a less busy road
  - 03 Suburban neighbourhood close to a busy road
  - 04 Suburban neighbourhood close to a less busy road
  - 05 Rural area close to a busy road
  - 06 Rural area close to a less busy road
- 4.6** How satisfied are you with your **accommodation**? *(Please tick one box only)*
- 01 Very satisfied
  - 02 Slightly satisfied
  - 03 Slightly dissatisfied
  - 04 Very dissatisfied
- 4.7** How would you describe the **state of repair** of your home? *(Please tick one box only)*
- 01 Good
  - 02 Adequate
  - 03 Poor
- 4.8** Is there any open or green space near your accommodation which can be accessed by your household? *(Please tick all that apply)*
- Yes, private garden
  - Yes, private terrace/balcony
  - Yes, common/shared area
  - Yes, public park, beach, headland etc within easy walking distance
  - No
- 4.9** Do you consider that your health problems or the health problems of anyone in your household have been made worse by your housing situation? *(Please tick one box only)*
- 01 Yes
  - 02 No

## Walking & Cycling

- 4.10** How often do you walk for more than 10 minutes? *(Please tick one box only)*
- 01 Every day
  - 02 Several times a week
  - 03 Once a week
  - 04 Once or twice a month
  - 05 Once or twice a year
  - 06 Never

4.11 On average how long do your walks usually last (in minutes)?

minutes

4.12 When you walk for more than 10 minutes, what are the purpose of the journeys usually?  
(Please tick all which apply)

- Main form of transport
- 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
- For pleasure/dog walking
- As exercise, for health reasons
- Other (Please specify) \_\_\_\_\_

4.13 How often do you cycle?

- <sup>01</sup> Every day
- <sup>02</sup> Several times a week
- <sup>03</sup> Once a week
- <sup>04</sup> Once or twice a month
- <sup>05</sup> Once or twice a year
- <sup>06</sup> Never

4.14 For what purpose do you usually cycle? (Please tick any that apply)

- Main form of transport
- Commuting (work, school or college)
- To get somewhere other than work or school (eg visiting friends, shopping/errands)
- Recreational / for pleasure
- As exercise / for health reasons
- Sport (racing, training, part of an event)
- Other (Please specify) \_\_\_\_\_

4.15 Do you wear a cycle helmet when you cycle?

- <sup>01</sup> Always
- <sup>02</sup> Usually
- <sup>03</sup> Rarely
- <sup>04</sup> Never
- <sup>05</sup> I don't cycle

4.16 What would encourage you to cycle more?

- More cycle routes
- Shared bike schemes
- Changing facilities at work
- More covered cycle parking
- More traffic congestion
- Buses willing to carry bikes (uphill journeys)
- Higher costs of motoring
- Expensive public parking
- Nothing - cycle as much as possible
- Nothing - other reason, *please specify:* \_\_\_\_\_
- Other - *please specify:* \_\_\_\_\_

4.17 If you cycle less than once a week why don't you cycle more often?

\_\_\_\_\_

4.18 Have you been involved in an accident while walking or cycling in the last 5 years?

*By an accident we mean an incident where you or someone else collided with each other, were knocked over, or if you fell off your bike.*

- Yes – whilst walking
- Yes – whilst cycling
- No

4.19 If you answered yes, what was the **main cause** of the accident (if you have had more than one in the last 5 years, please just focus on the most recent one) (*Please tick one only*)

- 01 Motor vehicle (e.g. car or van)
- 02 Motorbike
- 03 Other cyclist
- 04 Other pedestrian
- 05 Weather related
- 06 Road conditions
- 07 Health condition
- 08 Own lack of attention or care
- 09 Other – *please specify* \_\_\_\_\_

## Carers

In the questions that follow, this is what is meant by the term “Carer”:

**“A carer is someone who provides unpaid help and support to a family member, friend, partner, or neighbour who has a physical or learning disability, a physical illness or mental health difficulties, is frail, or who has alcohol or drug related problems.”**

Many people do not see themselves as carers. They think of themselves as family members, neighbours, or friends.

**4.20** Using the definition above, are you a carer?

<sup>01</sup>  Yes ...please go to the next question

<sup>02</sup>  No ...please go to question 4.27 “Breast-feeding in public places”

**4.21** How many hours **in a typical week** do you spend as a carer?

**4.22** What age-group is the person(s) who you care for?

Under 18 years

18 – 64 years

65 – 74 years

75 years or older

**4.23** What tasks do you carry out as a carer? *(Please tick all that apply)*

Personal care

Domestic tasks

Shopping

Help with finance matters

Dealing with letters and phone calls

Support for attending appointments

Holidays

Other (Please specify \_\_\_\_\_ )

**4.24** What is the *main* condition of the person(s) you are caring for?

Learning disability (including autism)

Physical disability

Dementia

Elderly

Mental health illness

Drug/alcohol problems

Other (Please specify \_\_\_\_\_ )

**4.25** How long have you been a carer (by the definition above, *for the person(s) you are currently caring for*)?

- 01  Less than 12 months
- 02  1 – 2 years
- 03  3 – 4 years
- 04  5 – 10 years
- 05  More than 10 years

**4.26** What impact has being a carer had on your life? (*Please tick all that apply*)

- No noticeable change to my life
- Gave up paid work
- Reduced working hours
- Reduced income / Smaller pension
- Loss of social life / Increased isolation
- Increased stress
- Less personal time
- Moved back to Jersey
- Poorer health
- Other (Please specify \_\_\_\_\_ )

### Breast-feeding in public places

**4.27** Please answer the following questions:

<b>Is it acceptable for a mother to breast-feed her child...</b>	<b>Yes</b>	<b>No</b>	<b>Not sure</b>
...in a shop?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
...in a café/pub?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
...in a restaurant?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
...on the bus?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
...in a public open space? (e.g. park, beach, town bench)	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
...in <i>any</i> public place?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>

## Section 5: The States of Jersey Police service

5.1 What priority level do you think the States of Jersey Police should give the following?

	Very high priority	High priority	Medium priority	Low priority	Don't know
Patrolling areas where crime or anti-social behaviour are a problem	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Patrolling <u>low</u> crime areas to engage with and reassure the public	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Reducing anti-social behaviour and disorder in residential areas	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Working with residents in local neighbourhoods to resolve their <u>community safety concerns</u>	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Tackling minor crime (eg. vandalism/petty theft)	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Enforcing road traffic laws	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>

What priority level do you think the States of Jersey Police should give the following?

	Very high priority	High priority	Medium priority	Low priority	Don't know
Strict enforcement of the Island's speed limits	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Tackling <u>motorists who drive at very fast speeds</u>	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Responding quickly to emergency calls	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Tackling <u>drink-driving</u>	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Reducing anti-social behaviour and disorder in the town centre at night	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Enforcing licensing laws	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>

**5.2** What priority level do you think the States of Jersey Police should give the following?

	Very high priority	High priority	Medium priority	Low priority	Don't know
Reducing domestic violence	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Reducing the supply of illegal drugs	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Tackling money laundering and other financial crime	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Protecting Jersey and its transport links against terrorist attack	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Targeting offenders who pose the greatest threat to community safety	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Tackling the neglect or abuse of children and other vulnerable people	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>

**5.3** How much do you agree or disagree with the following statements about States of Jersey Police?

	Strongly agree	Tend to agree	Tend to disagree	Strongly disagree	Don't know
States of Jersey Police can be relied upon to be there if I need them	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
States of Jersey Police treat me with respect if I have contact with them for any reason	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
States of Jersey Police treat everyone fairly, regardless of who they are	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
States of Jersey Police would listen to me if I had a concern about local community safety	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
I am confident I would receive a good service from the States of Jersey Police if I needed their assistance	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
States of Jersey Police do a good job of policing Jersey	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>

5.4 How would you prefer to raise non-emergency policing issues affecting your **neighbourhood** with States of Jersey Police? *(Please tick one circle in each row)*

	I would <b>definitely</b> use this method	I <b>might</b> use this method	I would <b>not</b> use this method
Writing to, or emailing the police	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Talking with officers on patrol	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Neighbourhood meetings with police	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Telephoning or visiting police headquarters	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Through the police website	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Telling the Honorary Police	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Other (please specify _____ )	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>

5.5 How well informed are you about crime and policing in your local area?

- 01  Very well informed
- 02  Fairly well informed
- 03  I only get limited information
- 04  I get no information

5.6 How well informed are you about crime and policing in Jersey as a whole?

- 01  Very well informed
- 02  Fairly well informed
- 03  I only get limited information
- 04  I get no information

5.7 In addition to the information in Jersey’s news media, would you be interested in finding out about policing in Jersey and your neighbourhood by **any other methods**? *(Please tick any that apply)*

- Yes – by going to local **meetings** attended by the police
- Yes – by looking at the police **website**
- Yes – by receiving **information leaflets** / newsletters to my home
- Yes – by talking with **officers on duty** in my neighbourhood
- Yes – by **another method** (please specify \_\_\_\_\_)
- No – I have enough information already

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

- 01  Very safe
- 02  Fairly safe
- 03  A bit unsafe
- 04  Very unsafe
- 05  Don't know

**5.9** How worried are you that you might become a victim of the following in the next 12 months?

	Very worried	Fairly worried	Not very worried	Not at all worried
Burglary	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Violent crime	01 <input checked="" type="radio"/>	02 <input checked="" type="radio"/>	03 <input checked="" type="radio"/>	04 <input checked="" type="radio"/>
Verbally abused/threatened in the street	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Vehicle or property vandalised	01 <input checked="" type="radio"/>	02 <input checked="" type="radio"/>	03 <input checked="" type="radio"/>	04 <input checked="" type="radio"/>
Vehicle stolen	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>

**5.10** How safe or unsafe do you feel when visiting St. Helier town centre at night? *(Please tick one box only)*

- 01  Always feel safe
- 02  Usually feel safe
- 03  Usually feel unsafe
- 04  Always feel unsafe
- 05  I don't visit the town centre after dark because I don't need to
- 06  I don't visit the town centre after dark because I don't feel safe

## Section 6: Anti-social behaviour...

The following questions are about anti-social behaviour that you might have experienced in Jersey over the last 12 months.

### ... in your neighbourhood

- 6.1 How many times have you personally experienced anti-social behaviour in your neighbourhood (within 5 minutes walk of your home) in the past twelve months?  
(Please tick one box only)

- <sup>01</sup>  Never  
<sup>02</sup>  Once  
<sup>03</sup>  2-5 times  
<sup>04</sup>  6-10 times  
<sup>05</sup>  About once a month over the past 12 months  
<sup>06</sup>  About once a week or more

If you have experienced anti-social behaviour in your neighbourhood in the past 12 months, please answer the next two questions (*otherwise go to question 6.4*)

- 6.2 Who was involved in the anti-social behaviour in your neighbourhood?  
(Please tick all that apply)

- Young people (18 years or under)  
 Young adults (18 – 25 years)  
 Adults (26 – 55 years)  
 Older adults (56 years or over)  
 Don't know

- 6.3 What type of anti-social behaviour did you experience in your neighbourhood  
(Please tick all that apply)

- Intimidating behaviour  
 Aggressive behaviour  
 Inconsiderate behaviour  
 Intimidating size of group  
 Vandalism  
 Trespassing  
 Drinking  
 Drugs  
 Other – please specify \_\_\_\_\_

- 6.4 Do you think anti-social behaviour is a particular problem in your neighbourhood (within 5 minutes walk of your home)?

- <sup>01</sup>  Yes, very much  
<sup>02</sup>  Yes, a little  
<sup>03</sup>  No, not really  
<sup>04</sup>  No, not at all  
<sup>05</sup>  Don't know

6.5 If you answered Yes, **how** do you think anti-social behaviour could be tackled in your neighbourhood?

**Anti-social behaviour ...**  
... elsewhere in Jersey

6.6 How many times have you personally experienced anti-social behaviour elsewhere in Jersey in the past twelve months? *(Please tick one box only)*

- <sup>01</sup>  Never  
<sup>02</sup>  Once  
<sup>03</sup>  2-5 times  
<sup>04</sup>  6-10 times  
<sup>05</sup>  About once a month over the past 12 months  
<sup>06</sup>  About once a week or more

If you have experienced anti-social behaviour elsewhere in Jersey in the past 12 months, please answer the next 2 questions. *(otherwise go to question 6.9)*

6.7 Who was involved in the anti-social behaviour you experienced elsewhere in Jersey *(Please tick all that apply)*

- Young people (18 years or under)  
 Young adults (18 – 25 years)  
 Adults (26 – 55 years)  
 Older adults (56 years or over)  
 Don't know

6.8 What type of anti-social behaviour did you experience elsewhere in Jersey *(Please tick all that apply)*

- Intimidating behaviour  
 Aggressive behaviour  
 Inconsiderate behaviour  
 Intimidating size of group  
 Vandalism  
 Trespassing  
 Drinking  
 Drugs  
 Other – please specify \_\_\_\_\_

## Tackling anti-social behaviour

**6.9** Would you be interested in being involved in initiatives to tackle anti-social behaviour in your community?

<sup>01</sup>  Yes

<sup>02</sup>  No

<sup>03</sup>  Don't know

**6.10** If you would not like to be involved in community based initiatives to tackle anti-social behaviour, why is this? (*Please tick any that apply*)

No time

Not interested

Too old

Fear

Don't have the right skills

Don't know enough about it

Other – please specify \_\_\_\_\_

## Section 7: Taking the ferry to FRANCE

- 7.1 In the last 12 months, how many times have you **travelled between France and Jersey by car ferry**? (Count each return journey as **TWO** trips)  
By car ferry:  times
- 7.2 In the last 12 months, how many times have you **travelled between France and Jersey by the passenger only boats that go to St. Malo or Granville?**  
(Count each return journey as **TWO** trips)  
By passenger-only boat:  times
- 7.3 If you went to France by ferry in the last 12 months, did you take your car?  
<sup>01</sup>  Yes – all the times  
<sup>02</sup>  Yes – some of the times  
<sup>03</sup>  No – none of the times
- 7.4 On the occasions in the last 12 months that you did not use the car ferry to go to France please indicate why (Please tick any that apply).  
 I did not travel to France  
 I did not need to take my car  
 I chose to travel by passenger-only boat  
 My vehicle was overweight / too large  
 Cost of the fare  
 Reliability of the service  
 Frequency of the service  
 Inconvenient times of service  
 The sailings I wanted were unavailable  
 Other – please specify \_\_\_\_\_

### Taking a car to France

- 7.5 Please tick one box in each row:
- |   | Very important                      | Fairly important                    | Not very important                  | Not at all important                |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| How important it is to you to be able to take your vehicle to France in <b>summer</b> ?                                     | <sup>01</sup> <input type="radio"/> | <sup>02</sup> <input type="radio"/> | <sup>03</sup> <input type="radio"/> | <sup>04</sup> <input type="radio"/> |
| How important it is to you to be able to take your vehicle to France in <b>winter</b> ?                                     | <sup>01</sup> <input type="radio"/> | <sup>02</sup> <input type="radio"/> | <sup>03</sup> <input type="radio"/> | <sup>04</sup> <input type="radio"/> |
| How important is it to you to be able to take <b>large vehicles</b> (e.g. motor-homes), trailers or small freight vehicles? | <sup>01</sup> <input type="radio"/> | <sup>02</sup> <input type="radio"/> | <sup>03</sup> <input type="radio"/> | <sup>04</sup> <input type="radio"/> |

7.6 In the months April to September, how frequently should the **car** ferry service to France operate?

- 01  6 - 7 times a week
- 02  4 - 5 times a week
- 03  2 - 3 times a week
- 04  Once a week
- 05  Less than once a week
- 06  No preference

7.7 In the months October to March, how frequently should the **car** ferry service to France operate?

- 01  6 - 7 times a week
- 02  4 - 5 times a week
- 03  2 - 3 times a week
- 04  Once a week
- 05  Less than once a week
- 06  No preference

### Jersey – France ferry route

7.8 How do you rate the cost of current Jersey-France ferry fares for...

	Very good value	Quite good value	Average	Quite poor value	Very poor value
...foot passengers?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
... private vehicle drivers?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>

7.9 What is important to you when booking a Jersey – France ferry trip?

Please rank **three** of the following **in order of importance**: place a “1” beside the factor that you think is the most important, a “2” beside the factor that is second most important, and a “3” beside the factor that is third most important.

- Fast crossing times
- Reliability of the service
- Cost of the service
- Having a service running all year round

## Section 8: Moving House?

8.1 Are you, or any member of your household (including children, parents, grandparents, but excluding lodgers) currently looking or planning to move during the next 2 years?  
(Please tick one box only)

01  Yes ...please answer the next question

02  No ...please go to question 8.6 Retirement Accommodation

If you, or any member of your household, is planning to move during the next 2 years:

8.2 Will **all** household members be leaving your current home?

01  Yes

02  No

8.3 How many new homes will members of your household need in the next 2 years?

8.4 For **each** new home that people in your household are looking or planning to move to, please fill in **one row** in the table below:

New home	Where will it be?	Are you looking to buy or rent this new home?	What minimum number of bedrooms will be required?	Will people from another household join this new home?	Would you like the new home to be a retirement home?
1	01 <input type="radio"/> Jersey 02 <input type="radio"/> Elsewhere 03 <input type="radio"/> Not sure	01 <input type="radio"/> Buy 02 <input type="radio"/> Rent 03 <input type="radio"/> Not sure	<input type="text"/>	01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Not sure	01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Not sure
2	01 <input type="radio"/> Jersey 02 <input type="radio"/> Elsewhere 03 <input type="radio"/> Not sure	01 <input type="radio"/> Buy 02 <input type="radio"/> Rent 03 <input type="radio"/> Not sure	<input type="text"/>	01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Not sure	01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Not sure
3	01 <input type="radio"/> Jersey 02 <input type="radio"/> Elsewhere 03 <input type="radio"/> Not sure	01 <input type="radio"/> Buy 02 <input type="radio"/> Rent 03 <input type="radio"/> Not sure	<input type="text"/>	01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Not sure	01 <input type="radio"/> Yes 02 <input type="radio"/> No 03 <input type="radio"/> Not sure

8.5 If anyone in your household is planning on moving out of the Island in the next 2 years, please indicate the **reasons for those household members moving away** from the Island.  
(Please tick all that apply)

Unable to afford rent

Unable to afford to buy property

Unable to wait to be residentially qualified under the Housing Law

Seeking employment off-Island

To be nearer family

Other (please specify) \_\_\_\_\_

## Retirement Accommodation

Lifelong homes (for people over 55), to buy and for social rent, are designed to accommodate both 'fit' and 'less able' people over the age of 55, in a socially supportive and stimulating environment which enables them to live independently for as long as possible in their own home'. Lifelong homes should not be confused with sheltered accommodation which normally provides on-site staff to supply first hand care.

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

- <sup>01</sup> Stay in your neighbourhood, with suitable modifications to your existing home (if required)
- <sup>02</sup> Stay in your neighbourhood, but downsize to a purpose built 'lifelong' home
- <sup>03</sup> Downsize to a 'lifelong' home elsewhere in the Island
- <sup>04</sup> Live with relatives
- <sup>05</sup> Move away from the Island
- <sup>06</sup> Don't know – I haven't thought that far ahead

## Section 9: Travel & Public Services

9.1 How important are the following factors to you when buying a new car?

	Very important	Quite important	Not very important	Not at all important	Don't know
Cost of the car	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Make/Model of the car	01 <input checked="" type="radio"/>	02 <input checked="" type="radio"/>	03 <input checked="" type="radio"/>	04 <input checked="" type="radio"/>	05 <input checked="" type="radio"/>
Fuel economy	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Carbon emissions	01 <input checked="" type="radio"/>	02 <input checked="" type="radio"/>	03 <input checked="" type="radio"/>	04 <input checked="" type="radio"/>	05 <input checked="" type="radio"/>

9.2 Would any of the following cause you to use your car less than you currently do?  
(Please tick all that apply)

- Increased congestion on the roads
- Higher petrol prices
- Living closer to work
- Higher parking charges
- Suitable car-share schemes
- Cheaper buses
- More convenient bus routes
- Nothing
- Other – please specify \_\_\_\_\_

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

- 01  Motorbike/moped
- 02  Walk
- 03  Cycle
- 04  Bus
- 05  Taxi
- 06  I work from home / I live at place of work
- 07  I do not work
- 08  Car or van on my own
- 09  Car or van with other people

9.4 How often do you travel by bus?

- 01  Regularly
- 02  Sometimes
- 03  Never

9.5 Would you like to see any of the following on the buses? *(Please tick any that apply)*

- Better facilities for baby buggies
- More wheelchair friendly
- More luggage space
- Other – *please specify* \_\_\_\_\_

9.6 Would you be happy for seating capacity to be reduced to provide additional facilities such as more room for wheelchair users, baby buggies or luggage space?

- <sup>01</sup>  Yes
- <sup>02</sup>  No
- <sup>03</sup>  Don't know

9.7 Which of the following reasons would you be prepared to pay higher bus fares for? *(Please tick any that apply)*

- More frequent buses
- More convenient routes
- Extended hours on select routes (i.e. early morning or late evening)
- Improved onboard facilities
- None - I would not be prepared to pay higher bus fares

9.8 Thinking back over the last two weeks, were there any journeys when you could have walked rather than gone by car?

- <sup>01</sup>  Yes
- <sup>02</sup>  No
- <sup>03</sup>  Don't know

9.9 If you answered yes, what were the reasons for going by car? *(Please tick any that apply)*

- Faster
- Convenience
- Things to carry
- Health problems
- Habit
- Other – *please specify* \_\_\_\_\_

**9.10** How do you rate the following parking facilities in town?

	Very good	Good	Poor	Very poor	Don't know
Availability of bicycle parking in town	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Availability of motorcycle parking in town	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Standard of Minden Place carpark	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Standard of Gas Place carpark	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Standard of Green Street carpark	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Standard of Patriotic Street carpark	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Standard of Sand Street carpark	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Service at Sand street carpark <u>office</u>	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>

**Public Services**

**9.11** In the last 12 months, how often have you visited the following parks?

	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
Howard Davis Park	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Millbrook ("Coronation") Park	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Sir Winston Churchill Park	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Gorey Gardens	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>

**9.12** In the last 12 months, how safe have you felt when visiting the following areas in **daylight**?

	Don't use	Very safe	Quite safe	Not very safe	Not at all safe
Howard Davis Park	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Millbrook ("Coronation") Park	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Sir Winston Churchill Park	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Gorey Gardens	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
St. Aubin's sea front	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>

**9.13** In the last 12 months, how safe have you felt when visiting the following areas **after dark**?

	Don't use	Very safe	Quite safe	Not very safe	Not at all safe
Howard Davis Park	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Sir Winston Churchill Park	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Gorey Gardens	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
St. Aubin's sea front	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>

**9.14** How would you rate the quality of play equipment provided in the following locations?

	Don't use	Very good	Good	Poor	Very poor
Howard Davis Park	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Toddler equipment at Millbrook (Coronation) park	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Junior equipment at Millbrook (Coronation) park	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Play equipment at Longbeach, Gorey	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>

**9.15** How do you rate the following in Jersey?

	Very good	Good	Poor	Very poor	Don't know
Cleanliness of roads and pavements	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Cleanliness of public toilets	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Cleanliness of main and fish market in town	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Cleanliness of promenades	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>

**9.16** How do you rate the following in Jersey?

	Very good	Good	Poor	Very poor	Don't know
Response to repair of pot holes on main roads	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Standard of road markings on the Island's main roads	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Direction signs to help find your way around the Island by road	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>

## Public Street Lighting

- 9.17** In general, do you think there is too much street lighting in Jersey?
- 01  Yes
- 02  No
- 03  Don't know
- 9.18** In order to save energy, reduce light pollution and reduce costs, are you in favour of switching off lights in some streets after 1am?
- 01  Yes
- 02  No
- 03  Don't know
- 9.19** In order to save energy, reduce light pollution and reduce costs, are you in favour of dimming lights in some streets after 1am?
- 01  Yes
- 02  No
- 03  Don't know
- 9.20** Do you think the cycle track along St Aubin's promenade should be lit during the hours of darkness?
- 01  Yes
- 02  No
- 03  Don't know

## Section 10: Pensions

*The ageing population will put pressure on the existing Jersey social security pension ("old age pension"). The government will have to make difficult decisions to safeguard pensions in the future.*

*Please indicate how acceptable each of the following options are to you.*

- 10.1** **A. Reducing the value** of the Jersey social security pension (a full pension after 45 years' contributions is currently £173 per week; it increases each year in line with Jersey's average earnings)
- <sup>01</sup> Highly acceptable
- <sup>02</sup> Acceptable
- <sup>03</sup> Not sure
- <sup>04</sup> Unacceptable
- <sup>05</sup> Highly unacceptable
- 10.2** **B. Increasing the age** at which the full Jersey social security pension is first paid (generally at present this is 65 years, but some women can obtain it at 60 years)
- <sup>01</sup> Highly acceptable
- <sup>02</sup> Acceptable
- <sup>03</sup> Not sure
- <sup>04</sup> Unacceptable
- <sup>05</sup> Highly unacceptable
- 10.3** **C. Means test the pension** (i.e. if someone already had income from other sources above a set level, then the amount of Jersey social security pension they received would be reduced, depending on their income)
- <sup>01</sup> Highly acceptable
- <sup>02</sup> Acceptable
- <sup>03</sup> Not sure
- <sup>04</sup> Unacceptable
- <sup>05</sup> Highly unacceptable
- 10.4** **D. Increasing the percentage paid** in social security contributions to fund the pension (currently employees contribute 5.2% plus an extra 0.8% for health contributions; employers contribute 5.3% plus an extra 1.2% for health contributions)
- <sup>01</sup> Highly acceptable
- <sup>02</sup> Acceptable
- <sup>03</sup> Not sure
- <sup>04</sup> Unacceptable
- <sup>05</sup> Highly unacceptable

**10.5** E. Making any earnings over £42,480 (2009 value) subject to social security contributions (currently, neither employers nor employees pay social security contributions on workers' earnings above this figure)

- 01 Highly acceptable  
 02 Acceptable  
 03 Not sure  
 04 Unacceptable  
 05 Highly unacceptable

**10.6** If you **had** to choose **two** of the five given options (summarised below), which two would it be?

- A. Reducing the value of the pension  
B. Increasing the age at which the full pension is first paid  
C. Means-testing the pensions paid  
D. Increasing the percentage paid in social security contributions  
E. Earnings over £42,480 subject to social security contributions

*(Write A, B, C, D or E:)* First option \_\_\_\_\_ Second option \_\_\_\_\_

**10.7** If the percentage paid in social security contributions to fund the pension is increased, do you think this should be paid for by:

- 01 The employer  
 02 The employee  
 03 Both the employer and the employee

**10.8** If the earnings over £42,480 (2009 value) are made subject to social security contributions, do you think contributions above this level should be paid for by:

- 01 The employer  
 02 The employee  
 03 Both the employer and the employee

### Your pension arrangements

**10.9** Please indicate any pension arrangements you currently have, in addition to any entitlement to the Jersey social security pension. *(Please tick all that apply)*

- Occupational/employer's pension  
 Private/personal pension  
 Social security pension from another country

**10.10** If your employer does not currently offer a pension scheme, would you participate in a voluntary additional pension scheme where employees, employers and the government (through tax relief) all contribute?

- 01 Yes  
 02 No  
 03 Already in a scheme  
 04 Already retired

10.11 Do you think such a pension scheme should be made compulsory if an employer does not currently offer a pension scheme for their employees?

- 01  Yes
- 02  No
- 03  Not sure

## Work related accidents and ill health

10.12 Have you had any accidents in the last 12 months resulting in injury at work or in the course of your work?

- 01  Yes
- 02  No
- 03  I haven't worked in the last 12 months ...please go to the next Section "Primary healthcare"

10.13 **In the last 12 months**, how much time have you had off work **because of accidents at work?**

- 01  No time off work
- 02  Less than one day
- 03  1 – 3 days
- 04  4 or more days
- 05  Don't know

10.14 Apart from accidents have you, within the last 12 months, suffered from any illness, disability or other physical or mental problem that was caused or made worse by your job, or by work you have done in the past?

- 01  Yes ...please answer the next question
- 02  No ...please go to the next section "Primary healthcare"
- 03  Don't know

10.15 In the last 12 months how much time have you had off work because of this illness?

- 01  No time off work
- 02  Less than one day
- 03  1 – 3 days
- 04  4 or more days
- 05  Don't know

## Section 11: Primary healthcare

11.1 How many times have you visited a GP (for yourself only) in the last 12 months?  
(Please estimate if you are not sure. Please enter '0' if none.)

\_\_\_\_\_ times

11.2 How many times have you called a GP to your home (for yourself only) in the last 12 months? (Please estimate if you are not sure. Please enter '0' if none.)

\_\_\_\_\_ times

11.3 How much did **you** pay when you last saw the GP? £ \_\_\_\_\_

11.4 Was this for a:

<sup>01</sup>  Surgery appointment

<sup>02</sup>  Home visit

11.5 Do you think that the cost of visiting a GP is: (please tick one box only)

<sup>01</sup>  Good value for money

<sup>02</sup>  About right

<sup>03</sup>  Expensive but worth it

<sup>04</sup>  Expensive and therefore I only go when I really have to

<sup>05</sup>  So expensive that it stops me from going

11.6 How many prescription items have you had in the last 12 months?

\_\_\_\_\_ prescription items

11.7 How does this compare with the previous 12 months?

<sup>01</sup>  More prescription items than the previous 12 months

<sup>02</sup>  Less prescription items than the previous 12 months

<sup>03</sup>  About the same number of prescription items

11.8 Are you a member of the 65+ health plan (also known as "Westfield"), which provides subsidised dental, optical and chiropody services?

<sup>01</sup>  Yes

<sup>02</sup>  No

<sup>03</sup>  Don't know

11.9 How many times have you (for yourself only) visited the following health professionals in the last 12 months?

Dentist: \_\_\_\_\_ times

Optician: \_\_\_\_\_ times

Chiropodist: \_\_\_\_\_ times

Other health professional (please specify \_\_\_\_\_) \_\_\_\_\_ times

Other health professional (please specify \_\_\_\_\_) \_\_\_\_\_ times

11.10 Does the cost of these other types of healthcare **concern you?**

Dentist 01  Yes 02  No 03  Don't know

Optician 01  Yes 02  No 03  Don't know

Chiropracist 01  Yes 02  No 03  Don't know

Other: (please specify) \_\_\_\_\_ 01  Yes 02  No 03  Don't know

Other: (please specify) \_\_\_\_\_ 01  Yes 02  No 03  Don't know

11.11 Does the cost of these other types of healthcare **stop you from going?**

Dentist 01  Yes 02  No 03  Don't know

Optician 01  Yes 02  No 03  Don't know

Chiropracist 01  Yes 02  No 03  Don't know

Other: (please specify) \_\_\_\_\_ 01  Yes 02  No 03  Don't know

Other: (please specify) \_\_\_\_\_ 01  Yes 02  No 03  Don't know

11.12 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, and enter '0' if you haven't) \_\_\_\_\_ times

## Lodgers

**A lodger is defined as a person/persons staying in your property who is paying rent and is not part of your household.**

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 circle below to indicate if there are any lodgers staying in your house? *(Please tick one box only)*

<sup>01</sup>  Yes      If Yes, how many separate lodging households are in your house? \_\_\_\_  
<sup>02</sup>  No

**Thank you** for taking the time to fill out JASS 2009

Your responses will help to inform policy decisions and monitor their impact on Island life.

The final report will be published in winter 2009/10.

**Do you have any other comments?**

Please return your completed form using the **pre-paid envelope provided**, or alternatively send by **freepost** to:

Business reply service  
Licence No: J.E. 65  
Statistics Unit  
P.O. Box 140  
Cyril Le Marquand House  
The Parade  
St Helier  
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JE1 1AE