



Dear householder,

Your household has been randomly chosen to take part in the  
**Jersey Opinions and Lifestyle Survey 2017**

### What do I do?

Please could the person in your household who has the next birthday,  
and is 16 years old or over, fill in the survey by **Friday 23 June**.

**Fill it in at:** [www.gov.je/survey2017](http://www.gov.je/survey2017). **Your reference is:**

### No internet?

Please fill in this paper questionnaire and post it back to us in the  
enclosed freepost envelope.

### Why do I need to fill it in?

Your address has been **randomly** chosen from all households in Jersey.  
Your responses **represent you** and people like you in Jersey.  
You will be helping government to **plan** and **improve** their services.

### Confidentiality

Information you give is anonymous and will be treated in the strictest  
confidence. No individual identifiable data will be shared with any other  
States department.

### Any Questions?

Email us at [statistics@gov.je](mailto:statistics@gov.je), or phone Sarah Davis on 440418.

**Thank you.**

## About you

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### 1.1 What is your sex?

- <sup>01</sup>  Male  
<sup>02</sup>  Female
- 

### 1.2 In what year were you born?

### 1.3 Where were you born? *(Tick one only)*

- <sup>01</sup>  Jersey  
<sup>02</sup>  Elsewhere in the British Isles\* or the Republic of Ireland  
<sup>03</sup>  Portugal or Madeira  
<sup>04</sup>  Poland  
<sup>05</sup>  Other European country, *specify country:* \_\_\_\_\_  
<sup>06</sup>  Elsewhere, *specify country:* \_\_\_\_\_

*\* includes: England, Wales, Scotland, Northern Ireland, other Channel Islands, Isle of Man.*

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### 1.4 When did your present period of continuous residence in Jersey begin?

*(Ignore periods of absence on holiday and absences during the Occupation years)*

- <sup>01</sup>  At birth      **or**      In (year):
- 

### 1.5 Which cultural and ethnic group do you consider you belong to? *(Tick all that apply)*

- |   |   |
|---|---|
| <input type="checkbox"/> Jersey                 | <input type="checkbox"/> African                            |
| <input type="checkbox"/> British                | <input type="checkbox"/> Bangladeshi                        |
| <input type="checkbox"/> Irish                  | <input type="checkbox"/> Caribbean                          |
| <input type="checkbox"/> Polish                 | <input type="checkbox"/> Chinese                            |
| <input type="checkbox"/> Portuguese or Madeiran | <input type="checkbox"/> Indian                             |
|   | <input type="checkbox"/> Pakistani                          |
|   | <input type="checkbox"/> Thai                               |
|   | <input type="checkbox"/> Other <i>Please specify:</i> _____ |
- 

### 1.6 What is your highest educational qualification? *(Tick one only)*

*Please exclude any professional qualifications.*

- <sup>01</sup>  No formal qualifications  
<sup>02</sup>  GNVQ / BTEC Introductory Diploma (Foundation)  
<sup>03</sup>  'O' levels / CSE / GCSE / BTEC First / GNVQ (Intermediate)  
<sup>04</sup>  AS-Level  
<sup>05</sup>  A/A2-Level / BTEC National / GNVQ (Advanced)  
<sup>06</sup>  First Degree  
<sup>07</sup>  Higher Degree (e.g. Masters/PhD)  
<sup>08</sup>  Other, *please specify:* \_\_\_\_\_

**1.7 Do you have residential qualifications?** *(Tick one only)*

*In other words, are you entitled to buy a property, or rent 'qualified accommodation', in Jersey under the current 'Control of Work and Housing Law'?*

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

**1.8 Have you been resident in Jersey for 5 years or more?** *(Tick one only)*

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

## Employment – your main job

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**2.1 Tick the one which best describes your current situation:**

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

► If you are not in employment go to question 3.1 'Your Household'

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**2.2 Is your employment status 'Licensed' – that is are you an 'essential employee' or 'J category' person?** *(Tick one only)*

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

**2.3 Which industry do you work in, for your main job?** *(Tick the one which is most appropriate to you)*

- <sup>01</sup> Agriculture and fishing  
<sup>02</sup> Finance (including legal & insurance)  
<sup>03</sup> Construction & tradesmen  
<sup>04</sup> Wholesale & retail  
<sup>05</sup> Transport & storage (including Jersey Airport, Harbours, post)  
<sup>06</sup> Information & communication services (including IT, telecoms, marketing, advertising)  
<sup>07</sup> Private education or private health  
<sup>08</sup> Hotels, restaurants and bars  
<sup>09</sup> Public sector  
<sup>10</sup> Other, *please specify:* \_\_\_\_\_

**2.4 Which of the following best describes the work you do for your main job? (Tick one only)**

**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**

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**2.5 How many people work in your main place of employment?**

Just myself

2 - 4

5 - 10

11 - 25

More than 25

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**2.6 What is your job title (for your main job)?**

\_\_\_\_\_

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**2.7 How many hours are you *contracted* to work each week, in your main job?**

hours per week *(enter '0' if you are on a zero hours contract)*

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

hours per week

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**2.9 Would you prefer to work longer hours at your current basic rate of pay if you were given the opportunity? (In either your main job or any additional jobs that you may have) *'Basic rate of pay' does not include overtime or enhanced pay rates***

Yes – how many extra hours a week?

*enter:*

hours per week

No

## Employment – other jobs

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**2.10 Do you currently do any other paid employment, in addition to your main job, for more than 3 hours a week?**

- Yes – for an employer  
 Yes – self-employed  
 No ... ► *go to next section 'Your household'*
- 

**2.11 How many additional jobs do you have? Enter a number below, entering '0' if none**

jobs in addition to my main job

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**2.12 How many hours do you usually work each week, in your additional jobs? Do not count overtime or meal breaks**

hours per week in my additional jobs

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## Your household

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**3.1 How many people live in your household (including yourself)?**

*Please enter numbers in the boxes below. Enter '0' if none.*

Pensioners aged 65 years or older:	<input type="text"/>
Adults aged 16 to 64 years:	<input type="text"/>
Children aged 11 to 15 years:	<input type="text"/>
Children aged 5 to 10 years:	<input type="text"/>
Children aged 0 to 4 years:	<input type="text"/>

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**3.2 Which of the following best describes your household type?**

- <sup>01</sup> Pensioner household  
 <sup>02</sup> Couple, living with at least one child  
 <sup>03</sup> Couple, no children  
 <sup>04</sup> Single parent, living with at least one child  
 <sup>05</sup> Working age person living alone  
 <sup>06</sup> Other, *please describe* \_\_\_\_\_
- 

**3.3 Approximately, what is your total gross household income (before tax and social security deductions)?**

- |   |   |
|---|---|
| <input type="radio"/> <sup>01</sup> Less than £10,000 | <input type="radio"/> <sup>06</sup> £50,000 - £59,999 |
| <input type="radio"/> <sup>02</sup> £10,000 - £19,999 | <input type="radio"/> <sup>07</sup> £60,000 - £69,999 |
| <input type="radio"/> <sup>03</sup> £20,000 - £29,999 | <input type="radio"/> <sup>08</sup> £70,000 - £79,999 |
| <input type="radio"/> <sup>04</sup> £30,000 - £39,999 | <input type="radio"/> <sup>09</sup> £80,000 - £89,999 |
| <input type="radio"/> <sup>05</sup> £40,000 - £49,999 | <input type="radio"/> <sup>10</sup> £90,000 or more   |

## Unemployment

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**4.1 Thinking about all adults in your household including yourself, how many are currently unemployed and looking for work?** *Enter a number below, entering '0' if none*

Unemployed and looking for work

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**4.2 Of the number you gave in question 4.1, how many are registered as 'actively seeking work' at Social Security?** *Enter a number below, entering '0' if none*

Registered as 'actively seeking work'

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## Your accommodation

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**5.1 What is the type of your accommodation?**

- <sup>01</sup> Owner occupied
  - <sup>02</sup> Social housing rent (*'Andium homes' previously States housing, housing trust and parish rent*)
  - <sup>03</sup> Qualified private rent
  - <sup>04</sup> Staff or service accommodation
  - <sup>05</sup> Registered lodging house
  - <sup>06</sup> Lodger paying rent in private household
  - <sup>07</sup> Other non-qualified accommodation
- 

**5.2 What type of property does your household occupy?** *(Tick one box only)*

- <sup>01</sup> Bedsit
  - <sup>02</sup> Flat or maisonette
  - <sup>03</sup> Semi-detached/terraced house or bungalow
  - <sup>04</sup> Detached house or bungalow
- 

## Members of the Armed Forces

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**6.1 Are you currently serving, or have you ever served, in the UK regular or reserve Armed Forces, including National Service or the Home Guard?**

- <sup>01</sup> Yes – currently serving
  - <sup>02</sup> Yes – served in the past
  - <sup>03</sup> No
  - <sup>04</sup> Don't know
- 

**6.2 Is there anyone else in your household who is currently serving, or has ever served, in the UK regular or reserve Armed Forces, including National Service or the Home Guard?**

- <sup>01</sup> Yes *... go to question 6.3*
  - <sup>02</sup> No *... go to next section 'Interacting with the States of Jersey'*
  - <sup>03</sup> Don't know *... go to next section 'Interacting with the States of Jersey'*
- 

**6.3 If you answered yes, how many of the other members of your household:**

**...are currently serving?**

**...have served in the past?**

# Interacting with the States of Jersey

## 7.1 Which of the following would you use to contact States departments, or access their services?

*Tick one box in each row*

	I would definitely use	I might use	I would not use
Face to face	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Telephone	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Email	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Letter	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Text message	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Website	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Social media (e.g. Facebook, Twitter)	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Skype	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
A web chat window / instant messaging	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
A smartphone or tablet 'app'	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
An 'intelligent personal assistant' such as Apple's Siri, Microsoft's Cortana, Amazon's Alexa	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>

## 7.2 Which (if any) of the following do you have?

*Tick one box in each row*

	Yes	No	Not sure
A valid passport (any country)	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
A valid UK driving licence	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
A valid Jersey driving licence	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
A credit card	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
A Jersey or UK current bank account	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>

## 7.3 Which of the following do you use to access the internet? *(Tick all that apply)*

- Home computer or laptop
- Work computer or laptop
- Smartphone
- Tablet (iPad or similar)
- Internet enabled TV or games console
- Computer at library or café
- None of above – I don't access the internet

## 7.4 Do you use Twitter?

- 01  Yes  
02  No

## 7.5 Do you use Facebook?

- 01  Yes  
02  No

## Your Jersey

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**8.1 As a place to live, how satisfied are you with your local neighbourhood (within 5 minutes' walk of your home)?**

- <sup>01</sup> Very satisfied  
<sup>02</sup> Fairly satisfied  
<sup>03</sup> Not very satisfied  
<sup>04</sup> Not at all satisfied
- 

**8.2 As a place to live, how satisfied are you with Jersey as a whole?**

- <sup>01</sup> Very satisfied  
<sup>02</sup> Fairly satisfied  
<sup>03</sup> Not very satisfied  
<sup>04</sup> Not at all satisfied
- 

## Voting

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**9.1 Did you vote in the Jersey general election in October 2014?**

- <sup>01</sup> Yes  
<sup>02</sup> No  
<sup>03</sup> Can't remember
- 

**9.2 How likely are you to vote in the next Jersey general election in 2018?**

- <sup>01</sup> Very likely  
<sup>02</sup> Quite likely  
<sup>03</sup> Not very likely  
<sup>04</sup> Not at all likely
- 

**9.3 Jersey currently uses a 'first past the post' voting system, where voters choose their preferred candidate(s) and the candidate(s) with majority of votes wins. In some alternative voting systems, voters can rank the candidates, from their most preferred option to their least.**

**Would you be more likely to vote if you were able to rank the candidates?**

- <sup>01</sup> Yes  
<sup>02</sup> No  
<sup>03</sup> Not sure
- 

**9.4 Which (if any) of the following would make you more likely to vote in the next election? *(Tick all that apply)***

- Being able to vote by post  
 Being able to vote online  
 The option to select 'none of the above' on the ballot paper  
 A longer pre-poll period (being able to vote before election day)  
 Other, *please specify:* \_\_\_\_\_  
 Nothing

## Discrimination

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### 10.1 Do you consider that you have been discriminated against in Jersey on any of the following grounds, within the past 12 months?

	Yes	No	
Your age	<input type="radio"/> 01	<input type="radio"/> 02	
Your gender	<input type="radio"/> 01	<input type="radio"/> 02	
Your sexual orientation	<input type="radio"/> 01	<input type="radio"/> 02	
Your marital status	<input type="radio"/> 01	<input type="radio"/> 02	
Your race or nationality	<input type="radio"/> 01	<input type="radio"/> 02	
Your religion or beliefs	<input type="radio"/> 01	<input type="radio"/> 02	Not applicable
Pregnancy or maternity	<input type="radio"/> 01	<input type="radio"/> 02	<input type="radio"/> 03
Your disability	<input type="radio"/> 01	<input type="radio"/> 02	<input type="radio"/> 03
Your gender reassignment	<input type="radio"/> 01	<input type="radio"/> 02	<input type="radio"/> 03
Other reason ( <i>please specify</i> _____)	<input type="radio"/> 01	<input type="radio"/> 02	

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► *If you answered Yes to any grounds in question 10.1, please answer the following question, otherwise go to the next section 'Organ Donation'*

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### 10.2 Where did the discrimination take place? (*Tick all that apply*)

- Applying for a job
- At work
- Buying goods or services
- States departments or parishes
- Buying or renting a property
- At school or college
- At a private club or association
- Other (*please specify* \_\_\_\_\_)

## Organ donation

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**11.1** When you die, would you want your organs to be used to treat others ('organ donation')?

- <sup>01</sup> Yes  
<sup>02</sup> No  
<sup>03</sup> Not sure
- 

**11.2** Have you made members of your family aware of whether or not you want to donate your organs?

- <sup>01</sup> Yes  
<sup>02</sup> No  
<sup>03</sup> Not sure
- 

**11.3** The NHS Organ Donor Register lists people who have said they would want to donate their organs in the event of their death. Have you registered to donate your organs on the NHS Organ Donor Register?

- <sup>01</sup> Yes *...please go to question 11.5*  
<sup>02</sup> No *...please go to question 11.4*  
<sup>03</sup> Not sure *...please go to question 11.5*
- 

**11.4** If you have not registered to donate your organs, why is this? *(Tick all that apply)*

- I haven't got round to it  
 I didn't know Jersey residents could register  
 I'm not sure how to register  
 I don't understand how organ donation works  
 I don't wish to donate  
 Other *(please specify \_\_\_\_\_)*
- 

**11.5** When someone who has registered to donate their organs dies, their family can stop the donation. Do you agree with this?

- <sup>01</sup> Yes  
<sup>02</sup> No  
<sup>03</sup> Not sure
- 

**11.6** Some countries have introduced a system of 'presumed consent', where people are assumed to have agreed to donate their organs unless they specifically opt out.

**Do you think Jersey should introduce a 'presumed consent' system for organ donation?**

- <sup>01</sup> Yes  
<sup>02</sup> No  
<sup>03</sup> Not sure
- 

**11.7** If a system of presumed consent were introduced, and someone who died had not specifically opted out of donating their organs, should their family be able to stop the donation?

- <sup>01</sup> Yes  
<sup>02</sup> No  
<sup>03</sup> Not sure

## Organ donation continued

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**11.8 If you needed an organ transplant would you want one?**

- <sup>01</sup> Yes  
<sup>02</sup> No  
<sup>03</sup> Not sure
- 

**11.9 Do you have any other comments or suggestions about organ donation?**

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## Your general health

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**12.1 How is your health in general? Would you say it was**

- <sup>01</sup> Very good  
<sup>02</sup> Good  
<sup>03</sup> Fair  
<sup>04</sup> Bad  
<sup>05</sup> Very Bad
- 

**12.2 Do you have any longstanding illness, disability or infirmity?** *(By longstanding, we mean any condition that has lasted, or is expected to last, at least 12 months. Include any problems related to old age.)*

- <sup>01</sup> Yes *...please go to the next question*  
<sup>02</sup> No *...please go to question 13.1 'Smoking'*
- 

**12.3 Are your day to day activities limited because of your health problem or disability?**

- <sup>01</sup> Yes, a lot  
<sup>02</sup> Yes, a little  
<sup>03</sup> No
- 

## Smoking

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**13.1 Do you use electronic cigarettes ('e-cigarettes')?**

- <sup>01</sup> I use them everyday  
<sup>02</sup> I use them often (more than once a week)  
<sup>03</sup> I use them sometimes (more than once a month)  
<sup>04</sup> I've tried them once or twice  
<sup>05</sup> I've never used them  
<sup>06</sup> I've never heard of them
- 

**13.2 This question focuses on smoking tobacco products only, not e-cigarettes. Which of the following best describes you?**

- <sup>01</sup> I have never smoked / I don't smoke  
<sup>02</sup> I used to smoke occasionally, but don't now  
<sup>03</sup> I used to smoke daily, but don't now  
<sup>04</sup> I smoke occasionally, but not every day  
<sup>05</sup> I smoke daily

## Health services in Jersey

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**14.1** Some GP surgeries have a 'practice nurse' who can take blood samples, care for minor wounds and provide vaccinations and immunisations.

Would you like to be able to see a practice nurse rather than a GP for a routine or minor health issue?

- <sup>01</sup> Yes – definitely  
<sup>02</sup> Yes – maybe  
<sup>03</sup> No
- 

**14.2** Would you like to be able to make an appointment with a pharmacist in a high street pharmacy for advice about a health issue (such as allergies, travel advice or help with your medicines)?

- <sup>01</sup> Yes – definitely  
<sup>02</sup> Yes – maybe  
<sup>03</sup> No
- 

**14.3** Would you like high street pharmacies to offer a 'drop in' clinic for basic health checks such as blood pressure or weight management?

- <sup>01</sup> Yes – definitely  
<sup>02</sup> Yes – maybe  
<sup>03</sup> No
- 

**14.4** How many times in the last year have you asked your pharmacist for advice on health related issues, including how to manage your medicines?

times

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**14.5** Does your GP surgery have reduced appointment fees for children?

- <sup>01</sup> Yes – reduced fee for children appointments  
<sup>02</sup> Yes – free appointments for children  
<sup>03</sup> No – children pay the same as adults  
<sup>04</sup> I don't know
- 

**14.6** Does the cost of any of the following stop you from going? *(Tick one box in each row)*

	Yes – often	Yes – sometimes	No	Don't know / Not applicable
GP (for an adult appointment)	<input type="radio"/> <sup>01</sup>	<input type="radio"/> <sup>02</sup>	<input type="radio"/> <sup>03</sup>	<input type="radio"/> <sup>04</sup>
GP (for a child appointment)	<input type="radio"/> <sup>01</sup>	<input type="radio"/> <sup>02</sup>	<input type="radio"/> <sup>03</sup>	<input type="radio"/> <sup>04</sup>
Nurse at the GP surgery	<input type="radio"/> <sup>01</sup>	<input type="radio"/> <sup>02</sup>	<input type="radio"/> <sup>03</sup>	<input type="radio"/> <sup>04</sup>
Dentist (for an adult appointment)	<input type="radio"/> <sup>01</sup>	<input type="radio"/> <sup>02</sup>	<input type="radio"/> <sup>03</sup>	<input type="radio"/> <sup>04</sup>
Dentist (for a child appointment)	<input type="radio"/> <sup>01</sup>	<input type="radio"/> <sup>02</sup>	<input type="radio"/> <sup>03</sup>	<input type="radio"/> <sup>04</sup>
Optician	<input type="radio"/> <sup>01</sup>	<input type="radio"/> <sup>02</sup>	<input type="radio"/> <sup>03</sup>	<input type="radio"/> <sup>04</sup>
Chiropodist	<input type="radio"/> <sup>01</sup>	<input type="radio"/> <sup>02</sup>	<input type="radio"/> <sup>03</sup>	<input type="radio"/> <sup>04</sup>
Other health professional <i>(please specify)</i> _____	<input type="radio"/> <sup>01</sup>	<input type="radio"/> <sup>02</sup>	<input type="radio"/> <sup>03</sup>	<input type="radio"/> <sup>04</sup>

## Health services in Jersey continued

**14.7** As Jersey's population 'ages', the health care system will have more people to look after and the cost of providing services will go up. How acceptable are the following ways of helping to meet the increased costs? (Tick one box in each row)

	Very acceptable	Fairly acceptable	Not very acceptable	Not at all acceptable
Increasing existing taxes	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>
Introducing a new tax that is only used to meet health costs	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>
Charging for some health services that are currently free	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>

**14.8** If charges were introduced for some health services, should they be reduced for people who need frequent appointments?

- <sup>01</sup>  Yes – no matter what the person's income  
<sup>02</sup>  Yes – but just for those on lower incomes  
<sup>03</sup>  No

## Money matters

**15.1** Does your household have difficulties paying for the following because of a shortage of money?

	Yes	No	Sometimes	Not needed or wanted
Replacing any worn-out furniture	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>
Replacing or repairing electrical appliances (e.g. fridge, washing machine)	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>
Having friends/relatives round for a drink or a meal once a month	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>
Having up to £5 to spend each week on yourself	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>
Saving regularly (£10 a month) for rainy days or retirement	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>

**15.2** Could your household afford an unexpected, but necessary, expense of £1,000?

- <sup>01</sup>  Yes  
<sup>02</sup>  No

**15.3** In the last 12 months, has your household been in arrears for the following (i.e. unable to pay on time)?

	Not applicable	Yes	No
Mortgage or rent payments for your home	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>
Parish rates	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>
Electricity, gas or oil bills	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>
Water bill	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>
Hire purchase or other loan payments	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>

## Money matters continued

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### 15.4 Has your household gone without the following because of a shortage of money over the last 12 months?

	Yes	No	Sometimes	Not needed or wanted
A one week holiday away from home	<input type="radio"/> 01	<input type="radio"/> 02	<input type="radio"/> 03	<input type="radio"/> 04
A telephone (landline or mobile)	<input type="radio"/> 01	<input type="radio"/> 02	<input type="radio"/> 03	<input type="radio"/> 04
A computer and internet connection	<input type="radio"/> 01	<input type="radio"/> 02	<input type="radio"/> 03	<input type="radio"/> 04
A colour television	<input type="radio"/> 01	<input type="radio"/> 02	<input type="radio"/> 03	<input type="radio"/> 04
A washing machine	<input type="radio"/> 01	<input type="radio"/> 02	<input type="radio"/> 03	<input type="radio"/> 04
A car	<input type="radio"/> 01	<input type="radio"/> 02	<input type="radio"/> 03	<input type="radio"/> 04
Enough heating to keep your home warm	<input type="radio"/> 01	<input type="radio"/> 02	<input type="radio"/> 03	<input type="radio"/> 04
Fresh fruit or vegetables	<input type="radio"/> 01	<input type="radio"/> 02	<input type="radio"/> 03	<input type="radio"/> 04
Cooked main meal each day	<input type="radio"/> 01	<input type="radio"/> 02	<input type="radio"/> 03	<input type="radio"/> 04
Eating meat, chicken or fish every second day, if you wanted to	<input type="radio"/> 01	<input type="radio"/> 02	<input type="radio"/> 03	<input type="radio"/> 04

---

### 15.5 Has your household gone without the following because of a shortage of money over the last 12 months?

	Yes	No	Sometimes	Not needed or wanted
Weatherproof coat for each adult	<input type="radio"/> 01	<input type="radio"/> 02	<input type="radio"/> 03	<input type="radio"/> 04
Two pairs of all weather shoes for each adult	<input type="radio"/> 01	<input type="radio"/> 02	<input type="radio"/> 03	<input type="radio"/> 04
New clothes for adults (i.e. not second hand)	<input type="radio"/> 01	<input type="radio"/> 02	<input type="radio"/> 03	<input type="radio"/> 04
Buying presents for religious or special occasions	<input type="radio"/> 01	<input type="radio"/> 02	<input type="radio"/> 03	<input type="radio"/> 04
Weatherproof coat for each child in the household	<input type="radio"/> 01	<input type="radio"/> 02	<input type="radio"/> 03	<input type="radio"/> 04
Two pairs of all weather shoes for each child	<input type="radio"/> 01	<input type="radio"/> 02	<input type="radio"/> 03	<input type="radio"/> 04
New clothes for children (i.e. not second hand)	<input type="radio"/> 01	<input type="radio"/> 02	<input type="radio"/> 03	<input type="radio"/> 04

---

### 15.6 As a household, how easy or difficult do you find it to cope financially?

- 01 Very easy
  - 02 Quite easy
  - 03 Neither easy or difficult
  - 04 Quite difficult
  - 05 Very difficult
- 

### 15.7 Comparing back to one year ago, how would you describe your household's financial situation today?

- 01 Much improved
- 02 A little improved
- 03 About the same
- 04 A little worse
- 05 Much worse

# Food and diet

## What counts as 'one portion of fruit or vegetable'?

✓ **Yes:** fresh, frozen, canned, dried or cooked fruit or vegetables, including pulses, beans and lentils

✗ **No:** potatoes, chips, yams

Only count fruit juice once, no matter how much you drink.

Examples of 'one portion' size: 1 apple/orange/banana; 2 plums/kiwis; a full tablespoon of dried fruit; a small bowl of salad; 2 heaped tablespoons of greens; 3 heaped tablespoons of carrots, sweetcorn, beans or peas.

### 16.1 How many portions of fruit and vegetables have you eaten *in the last 24 hours*?

portions in the last 24 hours

### 16.2 Please indicate how much you agree or disagree with the following statements.

*(Please tick one box in each row)*

	Agree strongly	Agree slightly	Neither agree / disagree	Disagree slightly	Disagree strongly
Eating healthily is important to me	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
It is difficult to find affordable fruit and vegetables	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
I do not have the skills to cook meals from scratch	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
I am more likely to buy a product if it has a label showing it is healthy	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
I do not have adequate facilities to cook healthy meals	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
I do not know what foods to cook to make a healthy meal	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
There is a poor choice of healthy foods in restaurants and canteens	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
There is a poor choice of healthy foods in places where I shop	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>

### 16.3 What is your waist measurement? Please omit this question if you are currently pregnant.

**How to measure your waist** (Note – it is different to belt size!)

Find the bottom of your ribs and the top of your hips, and measure around your middle at a point mid-way between these. For many people this will be at the level of the tummy button. Remember not to breathe in! (Answer in **either centimetres or inches**)

centimetres **or**  inches

### 16.4 How tall are you? (Answer in **either metres or feet and inches**)

metres **or**  feet,  inches

### 16.5 How much do you weigh? (Answer in **either kilograms or stones and pounds**)

kilograms **or**  stone,  pounds

## Being active

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**17.1** Would you say that you are: *(Tick one box only)*

- <sup>01</sup> Very physically active
  - <sup>02</sup> Fairly physically active
  - <sup>03</sup> Not very physically active
  - <sup>04</sup> Not at all physically active
- 

**17.2** 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. *(Tick one box only)*

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

**17.3** 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 e.g. cycling to work or the shops, brisk walking, dancing, jogging, swimming in the sea, heavy gardening and housework. *(Tick one box only)*

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

**17.4** Would you like to do more exercise or physical activity than you do at the moment?

- <sup>01</sup> Yes
- <sup>02</sup> No

## Breastfeeding

---

### 18.1 Please indicate how much you agree or disagree with the following statements.

*(Tick one box in each row)*

	Agree strongly	Agree slightly	Neither agree / disagree	Disagree slightly	Disagree strongly
It's OK for women to breastfeed their babies in public places	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Breastfeeding mothers should be discreet when feeding their babies in public	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
I would feel uncomfortable if a mother breastfed her child near to me	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
I think employers should provide rest breaks for nursing mothers	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
I think employers should provide facilities for nursing mothers	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Mothers should breastfeed their babies if they can	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
There is too much pressure put on mothers to breastfeed	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>

## Wellbeing

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### 19.1 Overall, how satisfied are you with your life nowadays?

On a scale of 0 to 10: where ten is 'completely' and zero is 'not at all', please enter a number:

### 19.2 Overall, to what extent do you feel the things you do in your life are worthwhile?

On a scale of 0 to 10: where ten is 'completely' and zero is 'not at all', please enter a number:

### 19.3 Overall, how happy did you feel yesterday?

On a scale of 0 to 10: where ten is 'completely' and zero is 'not at all', please enter a number:

### 19.4 Overall, how anxious did you feel yesterday?

On a scale of 0 to 10: where ten is 'completely' and zero is 'not at all', please enter a number:

## Wellbeing continued

### 19.5 To what extent do you agree or disagree with the following statements?

<i>(Tick one on each row)</i>	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Anyone can have mental health problems	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
If someone close to me had a mental health problem, I would know how to support them	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
If I had a mental health problem, I would feel comfortable talking with a friend or family member	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
If I was living with a mental health problem, I wouldn't want people knowing about it	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
People are generally caring and sympathetic to people with mental health problems	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
I wouldn't know what to say to someone with a mental health problem	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
I know where to find local information on support for mental health problems	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>

## Volunteering

We are interested in any volunteering you do – that is, work that you do without receiving any payment (except perhaps expenses). Voluntary activities might be organising or helping to run events, raising money, providing transport, coaching or tuition.

This does not include time spent solely supporting your own family members.

### 20.1 In the last 12 months, have you spent any time volunteering in the following areas?

*(Tick all that apply)*

- Health and disability (including elderly)
- Religion / church
- Culture, heritage or environment
- Local community or neighbourhood groups
- Education (children or adults)
- Sport / recreation
- Other charities
- Other, *please specify*: \_\_\_\_\_
- I have not done any volunteering ... ► [go to next section – 'The Jersey Employment Trust'](#)

### 20.2 In the last 12 months, approximately how often did you volunteer?

- 01  At least weekly
- 02  Monthly
- 03  At least twice a year
- 04  Once only

# The Jersey Employment Trust

## 21.1 Have you heard of 'JET' (the 'Jersey Employment Trust')?

- <sup>01</sup>  Yes *...go to the next question*
- <sup>02</sup>  No *...go to the next section 'Work life balance'*

## 21.2 Did you know that JET offers the following services?

	Yes	No
Working with businesses to match people with disabilities to job opportunities	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>
Helping people with disabilities find employment	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>
Supporting people with disabilities in the workplace	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>
Offering general advice and information to businesses on employing people with disabilities	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>
Helping to improve the employment skills of people with disabilities	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>

## Work life balance

### 22.1 Do you think that you spend too much, too little or just about the right amount of time in the following areas?

<i>Tick one box in each row</i>	Too much time	Too little time	Just about the right amount of time
Job / paid work	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>
Contact with family members living in this household or elsewhere	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>
Other social contact (not family)	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>
Hobbies / interests	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>

### 22.2 How do you rate the range of the following leisure activities available in Jersey?

<i>Tick one box in each row</i>	Very good	Good	Poor	Very poor	Don't know
Sporting activities and events	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>	<sup>05</sup> <input type="radio"/>
Social and recreational activities (e.g. restaurants, bars, social clubs etc.)	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>	<sup>05</sup> <input type="radio"/>
Cultural events, attractions and activities (e.g. festivals, music, theatre, exhibitions, museums)	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>	<sup>05</sup> <input type="radio"/>

## Our public spaces

### 23.1 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 car parks	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 markets 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"/>
Cleanliness of beaches	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Cleanliness of piers and areas around the harbour buildings	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>

## Recycling

### 24.1 How much of each of the following items do you and your household recycle (i.e. take to a recycling facility and / or separate for doorstep collection)?

<i>Tick one box in each row</i>	All	Most	Some	None	Don't know
Newspapers and magazines	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Cardboard	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Glass bottles and jars	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Metal packaging e.g. food and drink cans	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Plastic bottles	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Clothes / textiles	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Batteries	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Electrical goods	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>

### 24.2 Which of the following would encourage you to recycle more? (Tick all that apply)

- Closer recycling facilities
- Storage space at home
- Having containers for recycling
- More information on recycling facilities
- Kerbside (doorstep) collections
- Nothing

## Recycling continued

---

### 24.3 If you would not consider recycling more, why is this? *(Tick all that apply)*

- I already recycle as much as possible
  - Not interested
  - Not enough time
  - Not much household waste
  - Not enough storage space
  - Other, *please specify:* \_\_\_\_\_
- 

### 24.4 Do you home compost your food and garden waste? *(Tick one only)*

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

### 24.5 How do you recycle your household waste? Do you use...

*Tick one box in each row*

	Yes	No
Parish glass collection or glass banks	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>
Parish doorstep recycling collection (kerbside)	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>
Island wide recycling banks for paper, cans and plastic bottles	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>
La Collette's Household Recycling Centre	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>
La Collette's Household Green Waste site	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>
Salvation Army clothing banks (textiles, clothes, shoes, etc.)	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>
Battery recycling banks	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>
Home composter	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>
Charity shops, car boots etc.	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>
Other, <i>please specify:</i> _____	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>

---

### 24.6 How convenient is it for you to recycle your household waste?

- <sup>01</sup>  Very convenient
- <sup>02</sup>  Fairly convenient
- <sup>03</sup>  Not very convenient
- <sup>04</sup>  Not at all convenient
- <sup>05</sup>  Don't know

## Recycling continued

---

**24.7** If you wanted to find out more information about how to recycle more of your household waste, what would you do? *(Tick all that apply)*

- Contact the Recycling Officer
  - Visit the States of Jersey website
  - Visit 'Recycle For Jersey' Facebook page
  - Contact (or visit) my parish hall
  - Look at the local media
  - Ask family or friends
  - Other, *please specify:* \_\_\_\_\_
  - None of the above / Not sure
- 

**24.8** When thinking about recycling your household waste, which of these statements best describes how important recycling is to you personally? *(Tick one only)*

- <sup>01</sup> Very important
  - <sup>02</sup> Fairly important
  - <sup>03</sup> Not very important
  - <sup>04</sup> Not at all important
  - <sup>05</sup> Don't know
- 

**24.9** To what extent do you agree or disagree with the following statements?

<i>Tick one box in each row</i>	Strongly agree	Agree	Disagree	Strongly disagree
I know what happens to the materials I recycle	<input type="radio"/> <sup>01</sup>	<input type="radio"/> <sup>02</sup>	<input type="radio"/> <sup>03</sup>	<input type="radio"/> <sup>04</sup>
I know what materials can and can't be recycled	<input type="radio"/> <sup>01</sup>	<input type="radio"/> <sup>02</sup>	<input type="radio"/> <sup>03</sup>	<input type="radio"/> <sup>04</sup>
I know where to find information about recycling in Jersey	<input type="radio"/> <sup>01</sup>	<input type="radio"/> <sup>02</sup>	<input type="radio"/> <sup>03</sup>	<input type="radio"/> <sup>04</sup>
I understand the environmental benefits of recycling	<input type="radio"/> <sup>01</sup>	<input type="radio"/> <sup>02</sup>	<input type="radio"/> <sup>03</sup>	<input type="radio"/> <sup>04</sup>

# Travel to work

If you don't work, please skip the next three questions

---

## 25.1 Do you work in town?

- <sup>01</sup>  Yes  
<sup>02</sup>  No
- 

## 25.2 How do you usually travel to work, the majority of the time?

*Tick the box for the longest part, by distance, of your usual journey to work*

- <sup>01</sup>  Motorbike / moped  
<sup>02</sup>  Walk  
<sup>03</sup>  Cycle  
<sup>04</sup>  Bus  
<sup>05</sup>  Taxi  
<sup>06</sup>  I work from home / I live at my place of work  
<sup>07</sup>  Car or van on my own  
<sup>08</sup>  Car or van with other people
- 

## 25.3 How often do you use any other ways to travel to work as the longest part of your journey?

*Tick one on each row*

	2 or more times a week	Once a week	At least once a month	Occasionally	Never
Walk	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>	<sup>05</sup> <input type="radio"/>
Cycle	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>	<sup>05</sup> <input type="radio"/>
Bus	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>	<sup>05</sup> <input type="radio"/>

Do you have any other comments?

Thank you for filling in this survey – your response is very important to us.

The report will be published in winter 2017/18 on [www.gov.je/statistics](http://www.gov.je/statistics).

Please post back in the Freepost envelope, or to:

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