

### Jersey Opinions and Lifestyle Survey 2023

This survey should be completed by:

The person in your household who has the next birthday <u>and</u> is 16 years old or over (this is important as it helps us to make sure we get a good mixture of ages completing the survey)

#### How do I fill it in?

Online at www.gov.je/survey2023 (or scan the QR code).

Your reference is:



#### Or

Fill in this paper questionnaire and post it back to us in the enclosed freepost envelope

### Please return by Friday 14 July 2023

Completed questionnaires (either online or by post) will be **entered into the draw for £250** (we'll send a letter to your address if you are a winner)

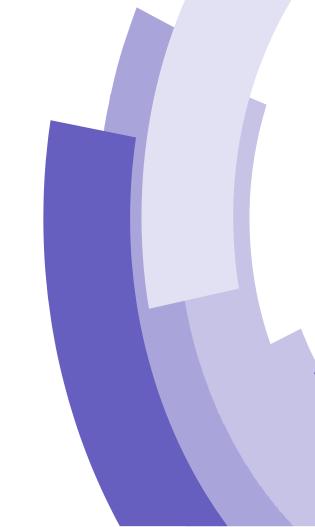
### For more information

#### Go to www.gov.je/statistics

You can email us at statistics@gov.je or phone us on 440414.

### Thank you

Chief Statistician



## About you

1.1	What is your sex?					
	<sup>01</sup> O Male					
	<sup>02</sup> O Female					
	<sup>03</sup> O Other					
1.2	In what year were you born?					
1.3	<b>Are you?</b> (Tick one box that best describes your curr	rent situation)				
	oi O Single					
	<sup>02</sup> Cohabiting (includes same sex couples)					
	<sup>03</sup> O Married / civil partnership					
	○ Separated (includes same sex couples)					
	□5 O Divorced					
	<sup>06</sup> Widowed					
1.4	Where were you born? (Tick one only)					
	<sup>01</sup> O Jersey					
	<sup>02</sup> O Elsewhere in the British Isles (includes England	, Scotland, Wales, Northern Ireland, other Channel				
		nn or the Republic of Ireland)				
	<sup>03</sup> O Portugal or Madeira					
	04 O Poland					
	05 Other European country, specify country:					
	<sup>06</sup> O Elsewhere, specify country:					
		<del></del>				
1.5	When did your present period of continuous reside	• •				
	(Ignore periods of absence on holiday and absences	auring the Occupation years)				
	<sup>01</sup> O At birth <b>or</b> In (year):					
1.6	Which cultural and ethnic group do you consider yo	ou belong to? (Tick one only)				
	White	Asian, Asian British or Asian Jersey				
	<sup>01</sup> O Jersey	<sup>11</sup> O Indian				
	<sup>02</sup> O British	12 Thai				
	- Dillisii	<sup>12</sup> O Thai				
	03 O Irish	Other Asian, please specify				
	•	_				
	□3 O Irish	Other Asian, please specify				
	03 O Irish 04 O French	Other Asian, please specifyBlack, Black British, Black Jersey				
	o3 ○ Irish o4 ○ French o5 ○ Polish	Other Asian, please specifyBlack, Black British, Black Jersey  Caribbean				
	o3 ○ Irish o4 ○ French o5 ○ Polish o6 ○ Portuguese or Madeiran	Other Asian, please specify				
	o3 ○ Irish o4 ○ French o5 ○ Polish o6 ○ Portuguese or Madeiran o7 ○ Romanian	Other Asian, please specify  Black, Black British, Black Jersey  Caribbean  African  Other Black, please specify				
	o3 ○ Irish o4 ○ French o5 ○ Polish o6 ○ Portuguese or Madeiran o7 ○ Romanian o8 ○ South African	Other Asian, please specify				
	o3 ○ Irish o4 ○ French o5 ○ Polish o6 ○ Portuguese or Madeiran o7 ○ Romanian o8 ○ South African	Other Asian, please specify				

1.7	What is your highest educational qualification? ( Please don't count any professional qualifications.	•	nly)			
	<sup>01</sup> O No formal qualifications	).				
	o2 O BTEC Introductory Diploma (level 1) / GNVQ (Foundation)					
	<sup>03</sup> O 'O' levels / CSE / GCSE / BTEC First (level 2) /					
	o4O AS Level	GIVQ (IIII	erneulate)			
	<sup>05</sup> O A/A2 Level / BTEC National / GNVQ (Advance	ed)				
	○ First Degree	cuj				
	<sup>07</sup> O Higher Degree (e.g. Masters/PhD)					
	○ Other, please specify:					
1.8	Do you have residential qualifications? (Tick one In other words, are you entitled to buy a property, current 'Control of Housing and Work Law'?  101 Yes  102 No 103 Don't know		ualified accommodation', in Jersey under the			
1.9	Have you been resident in Jersey for 5 years or n	more? (Tick	cone only)			
	<sup>01</sup> O Yes					
	<sup>02</sup> O No					
	□3 O Don't know					
Empl	loyment – your main job					
2.1	Tick the one which best describes your current si	ituation: (	Tick one only)			
	o1 Working for an employer	06	Unemployed, looking for work			
	<sup>02</sup> O Self-employed, employing others	07 🔿	Unemployed, not looking for work			
	<sup>03</sup> O Self-employed, not employing others	08 🔘	In full-time education			
	04O Retired	09 🔘	Homemaker			
	Unable to work due to long-term sickness/disability	10 🔿	Other, please specify			
2.2	If you answered that you are 'unemployed and lo Seeking Work' with Social Security? (Tick one onlo 10 Yes 10 No	_	work', are you currently registered as 'Actively			
► If y	you are <u>not</u> in employment go to question 3.1	L				
2.3	Is your employment status 'Licensed' – that is, an (Tick one only)  10 Yes  10 No	re you an '	essential employee' or 'J category' person?			
	□ O Don't know					

2.4	Which industry do you work in, for your main job? (Tick the one which is most appropriate to you)
	<sup>01</sup> O Agriculture and fishing
	<sup>02</sup> O Finance (including legal & insurance)
	OS Construction & tradesmen
	<sup>04</sup> O Wholesale & retail
	Transport & storage (including Jersey Airport, Harbours, Post)
	of O Information & communication services (including IT, telecoms)
	<sup>07</sup> O Private education or private health
	<sup>08</sup> O Hotels, restaurants and bars
	<sup>09</sup> Public sector (including teaching and medical staff and all other Government of Jersey employees)
	<sup>10</sup> Charity sector
	<sup>11</sup> O Other, please specify
2.5	Which of the following best describes the work you do for your main job? (Tick one only)
	on 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  102 <b>Technical or Craft occupation</b> e.g. motor mechanic, fitter, inspector, plumber, printer, tool maker,
	electrician, gardener
	03 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 below), software designer, fund
	administrator
	os Middle or Junior Manager e.g. office manager, retail manager, bank manager, restaurant manager, warehouse manager, publican
	Osenior Manager (usually responsible for planning, organising and co-ordinating work) e.g. finance manager, chief executive
	or ○ Not sure
2.6	What is your job title (for your main job)?
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-hour contract)
	nours per week tenter or if you are on a zero nour contract;
2.8	How many hours do you usually work each week, in your main job?
	have you wash
	hours per week
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
	o1 O Yes – how many extra hours a week? ▶ enter: hours per week
	<sup>02</sup> O No

Empl	loyment – other jobs				
2.10	2.10 Do you currently do any other paid employment, in addition to your main job, for more than 3 hours week? (Tick all that apply)  ☐ Yes – for an employer ☐ Yes – self-employed ☐ No ▶ go to question 3.1				
2.11	How many additional jobs do you have Enter a number in the box below	(in addition to your main job)?			
2.12	How many hours do you usually work and the second count overtime or meal breaks	each week, <u>in your additional jobs</u> ?			
Your	household				
3.1	How many people live in your househor Please enter numbers in the boxes below Pensioners aged 65 years or older:  Adults aged 16 to 64 years:  Children aged 11 to 15 years:  Children aged 5 to 10 years:  Children aged 0 to 4 years:	• • • •			
3.2	Which of the following best describes y  10 Pensioner household (all household  10 Couple, living with at least one dep  10 Couple, no children  10 Single parent, living with at least of  10 Working age person living alone  10 Other, please describe	d members are pensioners) pendent child (under 16 years) ne dependent child (under 16 years)			
3.3	Approximately, what is your total gross  10 Less than £10,000  10 £10,000 - £19,999  10 £20,000 - £29,999  10 £30,000 - £39,999  10 £40,000 - £49,999  10 £50,000 - £59,999	s household income (before tax and social security deductions)?  07			

Your	accommodation
4.1	What type of accommodation do you live in? (Tick one only)  Ounce occupied  Ou
4.2	What type of property does your household occupy? (Tick one only)  Olimical Bedsit  Olimical Flat or maisonette  Olimical Semi-detached/terraced house or bungalow  Olimical Detached house or bungalow
4.3	How many rooms are available for use only by your household?  ➤ DO NOT COUNT: bathrooms, toilets, halls or landings, rooms that can only be used for storage  ✓ DO COUNT: kitchens, living rooms, utility rooms, bedrooms, studies, conservatories  If two rooms are converted into one, count as one room  Room(s)
4.4	How many bedrooms does your home have? (tell us the number of bedrooms for use only by your household)  Bedroom(s)
4.5	Do you currently rent out one or more spare bedrooms in your home?  Please only include bedrooms in your main residence (not part of a self-contained unit)  One of the position of the part of a self-contained unit)  One of the part of the part of a self-contained unit)  One of the part of the part of a self-contained unit)  One of the part of the part of the part of a self-contained unit)  One of the part of the par
4.6	Would you consider renting out any of the spare bedrooms in your home? (Tick one only)  Oracle Yes, I have plans to do so this year  Oracle Yes, I would consider doing this in future years  Oracle No, I would not consider this  Oracle Not applicable – I am not permitted to rent or sub-let rooms in my home  Oracle Don't know
4.7	Is there any open or green space near your accommodation which can be accessed by your household?  (Tick all that apply)  Yes, private garden  Yes, private terrace or balcony  Yes, common or shared area  Yes, a public park, beach or headland within 5 minutes' walk from your home

4.8	Do you have access to an indoor flushing toilet for the sole use of the household?  Oracle Yes
	o₂ O No
	<sup>2</sup> O No
4.9	In the area where you live, are you satisfied or dissatisfied with the quality of water?  On Satisfied
	<sup>02</sup> O Dissatisfied
4.10	Do you, or anyone in your household, have access to the internet at home? (By any device)
	o₁ O Yes ► continue to question 4.11
	<sup>02</sup> O No ► skip to question 5.1
	03 O Don't know ► skip to question 5.1
4.11	What types of internet connections are used at home? (Tick all that apply)
	Fixed broadband connections, e.g. Fibre broadband, DSL, ADSL, VDSL, cable, satellite, public WiFi
	☐ Mobile broadband connections - 3G or more (via mobile phone network e.g. UMTS, using (SIM) card or USB key, mobile phone or smart phone as modem)
	☐ Mobile narrow band connection - less than 3G (via mobile phone network e.g. 2G+/GPRS, using (SIM) card or USB key, mobile phone or smart phone as modem)
	☐ Dial-up access over normal telephone line or ISDN
	☐ Satellite broadband connections
	☐ I don't know
Your	health and wellbeing
5.1	How is your health in general? Would you say it was (Tick one only)
	o <sup>1</sup> O Very good
	<sup>02</sup> O Good
	O3 Fair
	04 O Bad
	<sup>05</sup> O Very bad
5.2	Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more? ( <i>Tick one only</i> )
	o¹O Yes ► continue to question 5.3
	<sup>02</sup> O No ▶ go to question 5.4
5.3	Are your day to day activities limited because of your health problem or disability? (Tick one only)
	o1 O Yes, a lot
	<sup>02</sup> O Yes, a little
	03 O No
5.4	How often do you socialise (face-to-face) with people outside of your household? (Tick one only)
	<sup>01</sup> O Daily
	<sup>02</sup> O Weekly
	03 Monthly
	04 O Rarely
	○5 O Never

5.5	How often do you feel lonely? (Tick one only)					
	□ Often					
	<sup>02</sup> O Some of the time					
	Occasionally					
	<sup>04</sup> O Hardly ever <sup>05</sup> O Never					
	Never					
5.6	Overall, how satisfied are you with your life now On a scale of 0 to 10: where ten is 'completely' an	-	at all', tick o	ne number		
	Not at all				Co	mpletely
	0 1 2 3 4	(5)	6 (	7) (8)	(9)	(10)
5.7	Overall, to what extent do you feel the things yo	-				
	On a scale of 0 to 10: where ten is 'completely' an	d zero is 'not	at all', tick o	ne number		
	Not at all				Co	mpletely
	(0) (1) (2) (3) (4)	(5)	(6) (7)	7) (8)		(10)
	0 1 2 3 4		0 (		(9)	
		*	-	,		
5.8	Overall, how happy did you feel yesterday? On a scale of 0 to 10: where ten is 'completely' an	d zero is 'not	at all', tick o	ne number		
	Not at all				Co	mpletely
				7		(10)
	(0) (1) (2) (3) (4)	(5)	6) (7	7) (8)	9	
						· · · · · · · · · · · · · · · · · · ·
5.9	Overall, how anxious did you feel yesterday?  On a scale of 0 to 10: where ten is 'completely' an	nd zero is 'not	at all' <i>tick o</i>	ne numher		
	Not at all	14 2010 15 1100	acan, trek o	me mamber	Co	ompletely
	Not at all					лпрієсету
	0 1 2 3 4	(5)	6 (7	7) (8)	9	10
5.10	Below are some statements about feelings and t	houghts.				
	Please tick one box in each row that best describ		rience of ea		ast 2 wee	ks.
		None of the time	Rarely	Some of the time	Often	All of the time
	I've been feeling optimistic about the future	010	02 0	03 🔾	040	05 🔾
	I've been feeling useful	01 🔾	02 🔾	03 🔾	04 🔾	05 🔾
	I've been feeling relaxed	01	02	03 🔘	04 🔘	05 🔾
	I've been dealing with problems well	01	02 🔘	03 🔘	04 🔾	05 🔾
	I've been thinking clearly	01	02 🔿	03 🔘	04 🔘	05 🔾
	I've been feeling close to other people	01	02 🔾	03 🔾	04 🔾	05 🔾
	I've been able to make up my own mind about things	01	02 🔘	03 🔘	04	05 🔾

Foo	od and diet						
✓ Y	•	ortion of fruit or veg inned, dried or cook yams		getables, in	cluding pulse	es, beans ar	nd lentils
		on' size: 1 apple/orar doons of greens; 3 he					dried fruit; a small bowl of peas.
Only	count fruit juice or	nce, no matter how r	much you dri	nk.			
6.1		cions of fruit and veg	getables have	e you eaten	in the last 2	4 hours? (If	none – please write '0')
6.2	How tall are you	u? (Answer in either	metres or f	eet and inch	es)		
	m	netres <i>or</i>			feet,		inches
6.3	How much do y	ou weigh? (Answer	in either kild	grams or st	ones and po	unds)	
	ki	lograms or			stone,		pounds
Smol	king						
7.1	•	uses on smoking tok escribes you? (Tick or	-	cts only, <u>not</u>	e-cigarettes	or vaping	devices. Which of the
	<sup>01</sup> O I have never	smoked / I don't sm	noke ►ski <sub>l</sub>	o to questio	n 7.3		
	_	oke occasionally, bu				3	
	_	oke daily, but don't					
	_	asionally, but not eve		answer qu	estion 7.2		
	05 ○ I smoke dail	y > answer quest	tion <b>7.2</b>				
7.2	If you smoke, how Enter amount he	w much do you smo ere:	ke on averag		appropriate	<b>::</b>	
		Cigarette	s per	day / we	eek		
		Roll-ups	per	day / we	ek		

Do you use electronic cigarettes or vaping devices (e-cigarettes)? (Tick one only)

7.3

 $^{01}O$  I've never heard of them  $^{02}O$  I've never used them

<sup>06</sup>O I use them every day

 $^{03}$ O I've tried them once or twice

 $^{04}O$  I use them sometimes (more than once a month)

<sup>05</sup>O I use them often (more than once a week)

Ph	ysical activity					
8.1	How many <u>times</u> in a typical week do you normally undertake sport or physical activity to moderate or vigorous intensity for 30 minutes or longer (this may be built up in spells of at least 10 minutes)?					
	Moderate intensity sport or physical activity will raise your heart rate and make you breathe faster and feel warmer (for example: brisk walking, cycling, doubles tennis, manual work as part of your job, gardening etc.)  One way to tell if you're working at moderate intensity is if you can still talk but can't sing the words to a song					
	<b>Vigorous intensity sport or physical activity</b> makes you breathe hard and fast. If you're working at this level, you won't be able to say more than a few words without pausing for breath (for example: running, swimming fast or sport such as football or hockey).					
	<sup>01</sup> O None					
	<sup>02</sup> Once					
	03 Twice					
	04 O Three times					
	05 O Four times					
	<sup>06</sup> ○ Five or more times					
8.2	Thinking about the total time doing sport or physical activity that you told us about in question 8.1, about how many minutes of it would be <i>moderate</i> physical activity, and how much <i>vigorous</i> physical activity?					
	Moderate intensity sport or physical activity will raise your heart rate and make you breathe faster and feel warmer (for example: brisk walking, cycling, doubles tennis, manual work as part of your job, gardening etc.)  One way to tell if you're working at moderate intensity is if you can still talk but can't sing the words to a song.					
	<b>Vigorous intensity sport or physical activity</b> makes you breathe hard and fast. If you're working at this level, you won't be able to say more than a few words without pausing for breath (for example: running, swimming fast or sport such as football or hockey).					
	Minutes of moderate physical activity in a typical week, (if none – please write 0)					
	Minutes of vigorous physical activity in a typical week, (if none – please write 0)					
8.3	What would encourage you to do more sports or physical activity? (Tick all that apply)  Lower cost					
	☐ More free time					
	☐ Better health					
	☐ More information about sport and physical activity sessions available to me					
	☐ Better facilities to do sport and physical activity					
	☐ More flexible, informal and social options to take part in sport or physical activity					
	☐ More confidence to try new sports and physical activities					
	Someone to do sports and physical activities with					
	Other, please specify					
	Nothing					
8.4	Do you know where to find information about sport and physical activities available to you in Jersey?  or O Yes					

8.5	Thinking about the last 4 weeks, how often have you participated in sport with an <u>organised</u> sport club, group or organisation?
	Include organised sport activities like football practice, training at a gymnastics club, running with a running group, a tournament at the Tennis Club, or a running event etc. Don't include informal activities like playing team sports at the park, touch rugby organised by your employer, attending a gym or yoga session etc.  On Never
	<sup>02</sup> O At least once in the last 4 weeks
	<sup>03</sup> Once a week
	<sup>04</sup> O Two to three times a week
	<sup>05</sup> O Four or more times a week
8.6	Thinking about the last 4 weeks, please tick if you have taken part in any of the following activities <u>on one or more occasion?</u> (Tick all that apply)
	Active travel (running, walking or cycling for commuting or other travel purposes)
	Racket sports (badminton, squash and racquetball, tennis, paddle, pickleball)
	Team sports (rugby, football, netball, hockey, volleyball, basketball, cricket)
	Athletics / running / triathlon / cycling (i.e. racing, mountain biking etc.)
	Outdoor sports (golf, fishing, climbing, equestrian, surfing or other open water sports, skateboarding, scooting)
	Boxing and martial arts (karate, ji-jitsu, judo, other martial arts)
	☐ Dance or gymnastics
	Aquatics (swimming, open water swimming, diving, water polo, synchronised swimming)
	☐ Gym / fitness or exercise classes
8.7	In the last 12 months, approximately how often have you volunteered or given your time to help with sports, exercise activities or dance? (Tick one only)
	<sup>01</sup> O At least weekly
	o2 At least monthly
	On At least twice a year
	Once only
	<sup>05</sup> O Not in the last year
8.8	Are you aware of any of the following services and opportunities that <u>Jersey Sport</u> provides to Islanders? (Tick all that apply)
	Children's provision – holiday activity or toddler play sessions
	$\square$ Learn to Swim programmes – including schools swimming, adult and open water programmes
	$\square$ Learn to Ride, Bikeability in schools, and community cycle programmes (Cycle without limits)
	Running and walking programmes
	Move More Ability, GP referral and Pay as You Go classes
	$\square$ Sports development services – support for clubs and associations, CPD and training for volunteers
	Grant funding for sports organisations and schools
	PE curriculum support and school sports events

## Vaccinations

9.1	Which of these are your main sources of information about vaccines? (Tick all that apply)
	☐ Family and friends
	Government / official sources e.g. Government of Jersey, Public Health England
	Healthcare professionals e.g. your GP, pharmacist
	Personal internet research e.g. Google, WebMD
	☐ The media - radio / television / newspapers
	Social media e.g. Facebook, Instagram, Twitter, YouTube, TikTok
	Other, please specify
9.2	If you had a choice, at what kind of place would you prefer to get a vaccine for yourself? (Tick all that apply)
	☐ At my G.P.
	☐ At a pharmacy
	At a large-scale vaccination centre e.g. Fort Regent
	At a pop-up vaccination centre
	☐ At my workplace
	Other, please specify
9.3	In the past 3 years, have you declined a vaccine offered to you? (e.g. COVID-19 vaccine, seasonal flu,
	pneumonia, shingles vaccine)
	o1 O Yes, I have declined a vaccine ► continue to question 9.4
	<sup>02</sup> O No, I have <u>not</u> declined a vaccine ► skip to question 9.5
	03 O Not sure ► skip to question 9.5
	04 O Not applicable (not eligible or offered a vaccine) ► skip to question 9.5
9.4	Why did you decline the vaccine(s) offered to you? (Tick all that apply)
	☐ Didn't know where to get vaccinated
	☐ Difficult to find or make an appointment
	Location was inconvenient
	Hours of operation were inconvenient
	☐ I'm against vaccines in general
	☐ Too busy
	☐ Worried about side-effects or long-term effects on my health
	I'm not at risk of serious illness so didn't think I needed it
	Other, please specify
9.5	Which of the following would make it easier or encourage you to receive a vaccine? (Tick all that apply)
	☐ More information about vaccines
	☐ Cost – e.g. free GP appointment
	☐ Wider choice of location e.g. at place of work or Parish
	☐ Wider choice of time e.g. evenings / weekends
	Other, please specify

## Jersey Ambulance Service

This section is about your **most recent** experience of the Ambulance service in Jersey: this includes emergency and urgent ambulances and Patient Transport Services.

10.1	In the last 12 months, have you had contact with a	n ambulanc	e crew?			
	<sup>01</sup> O Yes, for myself as a patient					
	<sup>02</sup> O Yes, for someone I was accompanying					
	<sup>03</sup> O No ▶ go to question 11.1					
10.2	Please indicate how much you agree or disagree wi	th the follo	wing staton	nonts?		
10.2	riease indicate now much you agree or disagree wi	Strongly	Slightly	Slightly	Strongly	Can't
		agree	agree	disagree	disagree	remember
	The ambulance crew were professional &	01	02	03 🔘	04 🔘	05
	courteous	<u>.</u>	<sup>02</sup> O		040	
	Overall, the ambulance crew treated the patient	01	02	03	04	05
	with dignity and respect					
10.3	Thinking about your most recent experience, where	e did you ha	ve contact	with the ar	mbulance c	rew?
	<sup>01</sup> O An ambulance (after an emergency 999 call)					
	$^{02}O$ An ambulance (called for by a doctor)					
	<sup>03</sup> O A Patient Transport Service vehicle ▶ go to	question 1	L <b>0.6</b>			
	04 O Can't remember ▶ go to question 10.6					
10.4	Please indicate how much you agree or disagree with the following statement.  "The ambulance crew involved the patient in decisions about their care or treatment".  OI O Strongly agree  OI O Slightly agree  OI O Slightly disagree  OI O Can't remember					
10.5	If a hospital visit wasn't required, did the ambulance	e crew give	advice on	what to do	if the patie	nt felt unwell
	again?					
	<sup>02</sup> O No					
	<sup>03</sup> O Can't remember					
	<sup>04</sup> O Not applicable					
	пот аррисавіе					
10.6		the ambul	ance servic	e?		
	<sup>01</sup> O Very good					
	O2 Good					
	<sup>03</sup> Fair					
	O4 Poor					
	○5 O Very poor					

	e safety
11.1	Have you ever had a fire in your home? (Tick one only)
	<sup>01</sup> Yes – called the Fire and Rescue Service
	<sup>02</sup> O Yes – but didn't call the Fire and Rescue Service
	03 O No ▶ go to question 11.4
11.2	When was the last fire in your home? (Tick one only)
	<sup>01</sup> O Less than 5 years ago
	<sup>02</sup> O 5 to 10 years ago
	<sup>03</sup> O More than 10 years ago
11.3	What was the last fire in your home caused by? (Tick one only)
	<sup>01</sup> O Unattended cooking
	<sup>02</sup> O Cooking with hot fats /oils
	<sup>03</sup> O Domestic appliance fault or misuse (e.g. washing machine, tumble dryer, oven, electric boiler)
	<sup>04</sup> O Other household item (computer, charger, hairdryer, TV, e-cigarettes)
	<sup>05</sup> O Mains electricity, lighting, sockets or wiring
	<sup>06</sup> O Discarded smoking materials
	<sup>07</sup> O Other, please specify
11.4	
	Do you have any fuel burning appliances in your home that burn gas, oil, coal or wood? (E.g. open fires, multifuel stoves, oil fired boilers, gas cookers, gas boilers).  10 Yes 10 No
	Do you have any fuel burning appliances in your home that burn gas, oil, coal or wood? (E.g. open fires, multifuel stoves, oil fired boilers, gas cookers, gas boilers).  O1 O Yes O2 O No  Which, if any, of the following fire safety measures do you have in your home? (Tick all that apply)
	Do you have any fuel burning appliances in your home that burn gas, oil, coal or wood? (E.g. open fires, multifuel stoves, oil fired boilers, gas cookers, gas boilers).  O1 O Yes O2 O No  Which, if any, of the following fire safety measures do you have in your home? (Tick all that apply)  Smoke detectors (battery operated only)
	Do you have any fuel burning appliances in your home that burn gas, oil, coal or wood? (E.g. open fires, multifuel stoves, oil fired boilers, gas cookers, gas boilers).  O1 O Yes O2 O No  Which, if any, of the following fire safety measures do you have in your home? (Tick all that apply)  Smoke detectors (battery operated only)  Smoke detectors (mains powered with battery back-up)
	Do you have any fuel burning appliances in your home that burn gas, oil, coal or wood? (E.g. open fires, multifuel stoves, oil fired boilers, gas cookers, gas boilers).  O1 Yes O2 No  Which, if any, of the following fire safety measures do you have in your home? (Tick all that apply)  Smoke detectors (battery operated only)  Smoke detectors (mains powered with battery back-up)  Smoke detectors (connected to a mains fire alarm panel)
	Do you have any fuel burning appliances in your home that burn gas, oil, coal or wood? (E.g. open fires, multifuel stoves, oil fired boilers, gas cookers, gas boilers).  101 Yes 102 No  Which, if any, of the following fire safety measures do you have in your home? (Tick all that apply)  Smoke detectors (battery operated only)  Smoke detectors (mains powered with battery back-up)  Smoke detectors (connected to a mains fire alarm panel)  Sprinkler system
	Do you have any fuel burning appliances in your home that burn gas, oil, coal or wood? (E.g. open fires, multifuel stoves, oil fired boilers, gas cookers, gas boilers).  10 Yes 10 Yes 10 No  Which, if any, of the following fire safety measures do you have in your home? (Tick all that apply)  Smoke detectors (battery operated only)  Smoke detectors (mains powered with battery back-up)  Smoke detectors (connected to a mains fire alarm panel)  Sprinkler system  Carbon monoxide detectors
11.5	Do you have any fuel burning appliances in your home that burn gas, oil, coal or wood? (E.g. open fires, multifuel stoves, oil fired boilers, gas cookers, gas boilers).  □ ○ Yes □ ○ No  Which, if any, of the following fire safety measures do you have in your home? (Tick all that apply)  Smoke detectors (battery operated only)  Smoke detectors (mains powered with battery back-up)  Smoke detectors (connected to a mains fire alarm panel)  Sprinkler system  Carbon monoxide detectors  None of the above ▶ go to question 12.1
	Do you have any fuel burning appliances in your home that burn gas, oil, coal or wood? (E.g. open fires, multifuel stoves, oil fired boilers, gas cookers, gas boilers).  □ ○ Yes □ ○ No  Which, if any, of the following fire safety measures do you have in your home? (Tick all that apply) □ Smoke detectors (battery operated only) □ Smoke detectors (mains powered with battery back-up) □ Smoke detectors (connected to a mains fire alarm panel) □ Sprinkler system □ Carbon monoxide detectors □ None of the above ▶ go to question 12.1  If you live in rented accommodation and have smoke and/or carbon monoxide detectors fitted, who installed
11.5	Do you have any fuel burning appliances in your home that burn gas, oil, coal or wood? (E.g. open fires, multifuel stoves, oil fired boilers, gas cookers, gas boilers).  □ ○ Yes □ ○ No  Which, if any, of the following fire safety measures do you have in your home? (Tick all that apply)  Smoke detectors (battery operated only)  Smoke detectors (mains powered with battery back-up)  Smoke detectors (connected to a mains fire alarm panel)  Sprinkler system  Carbon monoxide detectors  None of the above ▶ go to question 12.1
11.5	Do you have any fuel burning appliances in your home that burn gas, oil, coal or wood? (E.g. open fires, multifuel stoves, oil fired boilers, gas cookers, gas boilers).  Or Yes Or Or No  Which, if any, of the following fire safety measures do you have in your home? (Tick all that apply)  Smoke detectors (battery operated only)  Smoke detectors (mains powered with battery back-up)  Smoke detectors (connected to a mains fire alarm panel)  Sprinkler system  Carbon monoxide detectors  None of the above P go to question 12.1
11.5	Do you have any fuel burning appliances in your home that burn gas, oil, coal or wood? (E.g. open fires, multifuel stoves, oil fired boilers, gas cookers, gas boilers).  □ ○ Yes  □ ○ No  Which, if any, of the following fire safety measures do you have in your home? (Tick all that apply)  □ Smoke detectors (battery operated only)  □ Smoke detectors (mains powered with battery back-up)  □ Smoke detectors (connected to a mains fire alarm panel)  □ Sprinkler system  □ Carbon monoxide detectors  □ None of the above ▶ go to question 12.1  If you live in rented accommodation and have smoke and/or carbon monoxide detectors fitted, who installed them? (Tick all that apply)  □ Landlord  □ Previous tenant
11.5	Do you have any fuel burning appliances in your home that burn gas, oil, coal or wood? (E.g. open fires, multifuel stoves, oil fired boilers, gas cookers, gas boilers).  □ ○ Yes □ ○ No  Which, if any, of the following fire safety measures do you have in your home? (Tick all that apply) □ Smoke detectors (battery operated only) □ Smoke detectors (mains powered with battery back-up) □ Smoke detectors (connected to a mains fire alarm panel) □ Sprinkler system □ Carbon monoxide detectors □ None of the above ▶ go to question 12.1  If you live in rented accommodation and have smoke and/or carbon monoxide detectors fitted, who installed them? (Tick all that apply) □ Landlord

11.7	1.7 In which rooms do you have a smoke detector or carbon monoxide detector fitted? Only tell us about your private areas of your building, not communal areas that you share with other households. If you don't have a particular room in your house, tick the 'Not applicable' option.								
	Tick one box in each row	Toom in your nouse	No applic	t	Yes	No			
	Bedroom(s)		01	-	02 0	03 🔾			
	Living Room		01		02 🔾	03 🔘			
	Kitchen		01		02 🔾	03 🔘			
	Garage		01		02 🔾	03 🔘			
	Hallway		01		02 🔾	03 🔾			
	Landing		02	03 🔾					
	Other, please specify		01		02	03 🔘			
12.1	As a household, how easy or difficult do voo on the volume of the volume				uation	today?			
12.3		ted, but necessary,	expense of £1,250	)?					
12.4	Does the cost of any of the following stop	you from going to	the?						
		Yes – often	Yes - sometimes	No		on't know / t applicable			
	GP (for an adult appointment)	01	02	03 🔘		04 🔘			
	GP (for a child appointment)	01	02	03 🔘		04 🔘			
	Dentist (for an adult appointment)	01	02	03 🔘		04 🔘			
	Dentist (for a child appointment)	01	02 🔿	03 🔘		04 🔘			
	Optician	01	02	03 🔘		04 🔘			
	Other health professional, please	01	02 🔘	03 🔘		04 🔘			

specify \_

		Not applica	ble	Yes	No
	Mortgage or rent payments for your home	01 🔾		02 🔿	03 🔘
	Parish rates	01 🔾		02 🔾	03 🔘
	Electricity, gas or oil bills	01 🔾		02 🔿	03 🔘
	Water bill	01 🔿		02 🔿	03 🔘
	Hire purchase or other loan payments	01 🔾		02 🔿	03 🔘
12.6	Has your household gone without the following becau	se of a shortage	e of mone	ey over the last	12 months? Not needed
		Yes	No	Sometimes	or wanted
	A one week holiday away from home	01	02 🔾	03 🔾	04 🔾
	An internet connection for personal use	01	02 🔿	03 🔾	04
	A car	01	02 🔿	03 🔾	04
	A washing machine	01	02 🔿	03 🔘	04
	A colour television	01	02 🔿	03 🔘	04
	A telephone (landline or mobile)	01	02 🔿	03 🔘	04
	Enough heating to keep your home warm	01	02 🔿	03 🔘	04
	Fresh fruit or vegetables	01	02 🔿	03 🔘	04
	Cooked main meal each day	01	02 🔿	03 🔘	04
	Eating meat, chicken or fish every second day, if you wanted to	01	02	03 🔘	04
12.7	Has your household gone without the following becau	se of a shortage	e of mone	ey over the last	12 months? Not needed
		Yes	No	Sometimes	or wanted
	Weatherproof coat for each adult	01	02 🔿	03 🔾	04 🔾
	Two pairs of all weather shoes for each adult	01	02 🔿	03	04
	New clothes for adults (i.e. not second hand)	01	02 🔿	03 🔾	04
	Buying presents for religious or special occasions	01	02 🔿	03	04
	Weatherproof coat for each child in the household	01	02 🔿	03	04
	Two pairs of all weather shoes for each child	01	02 🔾	03	04 🔾

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

12.8	Please indicate whether you have used the followi	ng as a way of borro	wing money in the	e last year?					
		You can select i		No, I have not					
		For unexpected larger purchases	For day-to-day purchases	used this in the last year					
	Credit card – not paid off in full every month (including cash advances)		purchases						
	Store credit – not paid off in full every month								
	HP ('hire purchase')								
	Overdraft								
	Payday loans								
	Buy now pay later								
	Loan from another individual								
12.9	Have you had to borrow more money or use more	credit than usual in t	he last month, co	mpared to a year					
	ago? (Tick one only)								
	o1 O Yes								
	02 O No								
	□3 O Don't know								
12.10	In the last 12 months, have you been supported by following ways? (Tick all that apply)  Financial support (e.g. grants, vouchers)	local charities or vol	untary groups in	any of the					
	Practical support (e.g. advice on debt, housing,	parenting)							
	Counselling (e.g. mental health, relationships)	O,							
	Food or supplies from a food bank								
	Other, please specify								
	□ None of these								
12.11	. Which of these, if any, are you doing because of th	e increases in the cos	st of living? (Tick o	all that apply)					
	☐ Shopping around more								
	☐ Spending less on food shopping and essentials								
	☐ Spending less on non-essentials								
	☐ Cutting back on non-essential journeys in my vehicle								
	Making energy efficiency improvements in my home								
	Using my savings								
	Doing other things, please specify								
	□ None of these								

### **Pensions**

	10113					
13.1	Please indicate how much you agree or disagree wit	th the follow Strongly agree	ving: Slightly agree	Neither agree / disagree	Slightly disagree	Strongly disagree
	I have an adequate occupational pension to support me in retirement	01 🔿	02	03 🔘	04 🔾	05 🔿
	I have a good private (non-workplace) pension or other income to use in my retirement	01	01 02 0		04 🔘	05 🔿
	I am worried about my standard of living in retirement	01	02	03	04 🔾	05 🔘
	The States should provide a voluntary additional pension scheme for workers who wish to save extra for their retirement	01	02 🔿	03 🔘	04	05 🔾
	The States should introduce a compulsory additional scheme for workers who do not have an occupational or private pension	01 🔿	02 🔿	03	04	05 🔘
13.2	As the population of Jersey 'ages', there will be more working age making social security contributions. The adapt to stay sustainable.  How acceptable would each of the following be to y	e Social Secu	_			•
	,	Very accepta		airly eptable	Not very	Not at all acceptable
	Increasing the social security contributions that working age people pay	01		2 <b>O</b>	03 🔾	04
	Reducing the value of benefits paid to working age people	01	0	<sup>2</sup> O	03 🔾	04 🔿
	Reducing the value of pensions	01	0	20	03 🔘	04 🔘
	Increasing the pension age	01	0	2 <b>O</b>	03 🔘	04 🔘
	Applying a means test to the Social Security pension	n 01 O	0	2 <b>O</b>	03 🔘	04 🔘
	Encouraging more employees to pay into workplace pension schemes	01	0	<sup>2</sup> O	03 🔘	04 🔿
	you are retired, continue to question 13.3 you are not retired, go to question 14.1					
13.3	Do you feel you have enough income and savings for on O Yes ► go to question 14.1  OZO No ► continue to question 13.4	or your retir	ement?			
13.4	What (if anything) do you wish you had done to have a Saved more  Started to save earlier  Worked longer  Not taken an early pension / delayed taking my pension / delayed	pension	noney in re	tirement?	(Tick all tha	t apply)
	Other, please specify  Nothing					

# Higher education and lifelong learning

Higher education refers to a college or university course taken after completing Years 12 and 13 (sixth form).

14.1	Do you think that opportunities for Jersey young people to do a higher education course here on the Island ( <i>Tick one only</i> )
	o1 O Should be increased?
	<sup>02</sup> O Are about right?
	<sup>03</sup> O Should be decreased?
	<sup>04</sup> O Don't know
14.2	For those households with school-aged children:
	How likely do you think it is that <u>any</u> of your children who are at school will go on to higher education?
	<sup>01</sup> O Very
	<sup>02</sup> Fairly
	<sup>03</sup> O Not very
	<sup>04</sup> O Not at all
	05 O Don't know
	<sup>06</sup> O There are no school-aged children in the household
14.3	In relation to your work / career, do you feel you would benefit from training in any of the following? (Tick all
	that apply)
	Reading or maths skills
	Basic computer / digital skills
	English for speakers of other languages (ESOL)
	Languages (other than English)
	Specialist technical skills
	Leadership and management skills
	Other, please specify
	None of the above − I don't feel I'd benefit from further training > go to question 14.5
14.4	Are any of the following preventing you from having the training? (Tick all that apply)
	Unaware of what training is available locally
	□ Not enough time
	Too expensive
	Current employer not supportive
	Days / times of training not convenient
	Don't have the skills or qualifications required to access the training
	□ Nothing suitable locally
	Other, please specify:
	None of the above

14.5	How much do you agree or disagree that Jersey is the rig	ht place to	build you	r career a	nd life?						
	01 O Strongly agree										
	<sup>02</sup> O Slightly agree										
	<sup>03</sup> O Slightly disagree										
	<sup>04</sup> O Strongly disagree										
	<sup>05</sup> O Don't know										
14.6	To the best of your knowledge, which of the following best describes your future plans?										
	<sup>01</sup> O I plan to live in Jersey permanently										
	$^{02}\textsc{O}$ I plan to leave Jersey temporarily, but will eventually	return / se	ttle here								
	$^{03}\textsc{O}$ I plan to leave Jersey permanently to live elsewhere										
	<sup>04</sup> O Don't know										
Arts	and heritage										
15.1	To what extent do you agree that arts and culture are an essential part of community life?  By arts and culture we mean any creative events or activities: for example theatre, literature, poetry, music, film or dance.  O  Strongly agree										
	<sup>02</sup> O Slightly agree										
	Oslightly agree  Oslightly agree  Oslightly agree  Oslightly agree  Oslightly agree										
	o₄ O Slightly disagree										
	os O Strongly disagree										
15.2	How do you rate the range of the following leisure activ		ble in Jers	ey?	Von	Don't					
	Tick one box in each row	Very good	Good	Poor	Very poor	Don't know					
	Sporting activities and events	01	02 🔘	03 🔘	04	05					
	Social and recreational activities	01	02 🔘	03 🔘	04	05 🔾					
	(e.g. restaurants, bars, social clubs etc.)										
	Cultural events, attractions and activities (e.g. festivals, music, theatre, exhibitions, museums)	01 🔿	02 🔿	03 🔘	04 🔿	05 🔿					
15.3	Are you a member of Jersey Heritage?  Or Yes  Or Or No										
	<u> </u>										
15.4											
	o¹O Yes										
	02 <b>O</b> No										

15.5	Have any children in your household visited Jersey Museum in the last 12 months? (Tick all that apply)
	Yes, with an adult in this household
	Yes, with friends or family outside this household
	Yes, with school
	□ No
	☐ Don't know / not applicable
Civic	engagement
16.1	Please indicate how much you agree or disagree with the following statement.  "I am confident I can describe the difference between the States Assembly and the Government of Jersey"
	(Tick one only)
	o1 O Strongly agree
	O2 Slightly agree
	Neither agree / disagree
	O4 Slightly disagree
	05 O Strongly disagree
16.2	From which of the following sources have you found out information about the States Assembly (Jersey's elected parliament)? (Tick all that apply)
	☐ Social media
	☐ States Assembly website
	Local media (e.g. BBC, ITV, JEP, Channel 103, Bailiwick)
	☐ Via third parties – charities, community groups etc.
	Other, please specify
	☐ Not applicable, I don't currently find out about the States Assembly
16.3	Through which channel(s) would you like to find out about the States Assembly (Jersey's elected parliament)? (Tick all that apply)
	Social media
	☐ States Assembly website
	Local media (e.g. BBC, ITV, JEP, Channel 103, Bailiwick)
	Email
	☐ WhatsApp / SMS
	Posters / leaflets / flyers in community spaces
	Direct mail to your home
	☐ Via third parties – charities, community groups etc.
	Other, please specify
	None of these – I'm not interested in finding out about the States Assembly
16.4	In the last 12 months, have you contacted a States Member(s)?
	o¹ O Yes ▶ continue to question 16.5
	<sup>02</sup> O No ▶ go to question 16.8

16.5	Via which channel(s) did you contact them? (Tick of	all that apply,	)			
	☐ Social media					
	☐ Email					
	☐ Telephone					
	☐ Constituency surgery					
	Pop-up stand					
	Online event					
	☐ Informally in the community					
	Other, please specify					
16.6	What was your reason for contacting them? (Tick	all that apply	·)			
	☐ Issue in my Parish / constituency					
	☐ Express my opinion about an Island-wide issue					
	☐ Make a complaint					
	☐ Support / assistance with a personal matter					
	Other, please specify					
16.7	Thinking about the last time you contacted a State you received?  101 O Yes 102 O No	es Member, v	were you sa	itisfied witl	n the level	of response
16.8	Has anything prevented you from engaging with to months? (Tick all that apply)	he States Ass	sembly and	or its Men	nbers over	the last 12
	☐ Not understanding the system					
	Only living in Jersey for a limited period of time	<u>:</u>				
	Low confidence in the system or Members					
	☐ Not knowing how to					
	Poor previous experience (e.g. no response to	previous con	nmunication	n)		
	☐ No interest in local issues			•		
	Other, please specify					
	No, I was able to engage with the States Assen	nbly without	anv probler	ns		
	Not applicable, I have not needed to engage w	•				
	llowing questions "the Government" includes Gover			nents & em	ployees, ar	nd the Council
of Minis	ters.					
16.9	Please state to what extent you agree or disagree	with the foll	owing state	ements		
		Strongly agree	Slightly agree	Slightly disagree	Strongly disagree	Don't know
	I trust the Government to conduct their work with honesty and integrity	01 🔿	02 🔘	03 🔘	04	05 🔾
	I trust the Government to listen to people's views before taking decisions	01	02 🔿	03 🔘	04	05 🔾
	I trust the Government to make fair decisions	01	02 🔿	03 🔘	04	05 🔘
	I trust the Government to work in Jersey's best interests	01	02 🔿	03 🔘	04	05 🔾

16.10	How much trust do you have in the following in Jersey? (On a scale of 1 to 10 where 1 means you do not trust at all and 10 means you trust completely) Tick one box in each row												
	Not at all										Completely		
	Council of Ministers		1	2	3	4	(5)	6	7	8	9 10		
	Public sector workers			1	2	3	4	(5)	6	7	8	9	10
	Governme	ent departi	ments	1	2	3	4	(5)	6	7	8	9	10
16.11	If many peop it is that it w Very unlikely	ould be im		t a public s	ervice t	hat is v	working	g badly	, how l	ikely or	unlike		ou think
	1	2	3	4	(5)	(	6	7		8	9		10
16.12	If a governm	ent emplo	yee were	offered mo	ney by	a citize	n or fii	rm for s	peedir	ng up ac	ccess to	a pub	lic
	service, how Very unlikely	•	nlikely do	you think i	t is tha	t they v	would i	refuse i	t?			Ver	y likely
	1	2	3	4	(5)	(	6	7		8	9		10
16.42	16		di		h !!	l l	!!!		41	l. !s !. sl			
L6.13	If a new seri- institutions v Very unlikely	will be pre		•		-	unlike	iy ao yo	ou tnin	K IT IS TI	nat gov		nt ry likely
	1	2	3	4	(5)	(	6	7		8	9		10
16.15	If a governm	-	-		5 the pu	blic in t	6 he are	7 a where	e you li	(8) ive, how	9 w likely	or unl	ikely is
	Very unlikely		om poop.	e equality.								Ve	y likely
	1	2	3	4	5	(	6	7		8	9		10
 You	r rights a	nd the	Law										
17.1	If you had a	legal prob	em, where	e would yo	u seek i	inform	ation b	efore c	onsulti	ng a la	wyer? (	Tick al	l that
	apply)												
	☐ Friend												
		media e.g.	Facebook										
	_	_		Advice, JAC	:S								
	<ul><li>☐ Advice centre e.g. Citizen's Advice, JACS</li><li>☐ Government website e.g. gov.je, Jerseylaw.je</li></ul>												
				ily Court, Ti		Service	, or the	e Legal <i>i</i>	Aid Off	ice			
	_	ch engine	-					J					
	_	please spe	cify										
	☐ I would	dn't know	where to l	ook									

17.2	Are you aware of Jerseylaw.je?  O1 O Yes, and I have used it O2 O Yes, but I have never used it O3 O No					
characte	Discrimination Law protects people from being un eristics': race, sex, sexual orientation, gender reassign ke to know what Islanders think about extending this	gnment, pre	gnancy and	d maternity	, age, and	disability. W
17.3	To what extent do you agree that marriage and civ	il partnershi	ps should b	pecome a p	rotected ch	naracteristic
	in Jersey law?  □ O Strongly agree					
	<sup>02</sup> O Slightly agree					
	O Neither agree / disagree					
	Oslightly disagree					
	os O Strongly disagree					
17.4	To what extent do you agree that religion or belief	should beco	me a nrote	ected chara	cteristic in	lersey law?
27.14	on Strongly agree	Silouid Beec	ine a proce	cica chara		sersey law.
	o₂ O Slightly agree					
	ON Neither agree / disagree					
	o₄ O Slightly disagree					
	○ Strongly disagree					
17.5	Do you regard yourself as having a religion?  Please leave blank if you do not wish to answer  O1 O Yes O2 O No O3 O Not sure					
17.6	If yes, which? Write here - please leave blank if you do not wish to	answer				
Gend	ler roles and relationships					
	ction explores Islanders' attitudes towards gender ro rm Government policy on related issues in Jersey's co		viours with	in relations	hips. The re	esults will hel
18.1	Please indicate how much you agree or disagree w	ith the follo	wing stater	ments?		
		Strongly agree	Slightly agree	Slightly disagree	Strongly disagree	Don't know
	Men and women are treated equally and given the same opportunities in the workplace	01	02 🔿	03 🔘	04 🔾	05 🔿
	Mothers and fathers should equally share responsibility for raising children	01	02 🔿	03 🔘	04 🔾	05 🔘
	In Jersey, women need to choose between being a good mother and having a professional career	01	02 🔿	03 🔘	04 🔾	05 🔘

The fo	ollowing questions	describe scena	arios - please re	ad the description	and select th	e answe	r that be	st fits yo	ur view.		
18.2	• .	•	•	• • • •			he picks	a prince	ss doll.		
	<sup>01</sup> O Buy it for him without saying anything										
	$^{02}O$ Buy it, but first try to get him to pick a toy that's more common for boys										
	03 O Make him	put the doll ba	ck and pick a to	y more common f	or boys						
	Please indicate which of the following phrases best describes what you would do.  "O Buy it for him without saying anything "O Buy it, but first try to get him to pick a toy that's more common for boys "O Make him put the doll back and pick a toy more common for boys "O Make him put the doll back and pick a toy more common for boys "O Don't know  ease read the following scenarios that can happen in relationships and, using the scale provided, choose one number show what you think about the behaviour of the people in the situations described.  8.3 Please choose the number which best describes what you think about the man's behaviour in these situations Imagine a married couple who both work full time and earn similar salaries. The man insists on looking at his wife's bank statements every month, but he does not let her see his own.  Not wrong at all  Very seriously wrong  A woman is getting ready for a night out. When her husband sees she is dressed up more than usual, he tells her he doesn't like her going out looking like that and tells her to change.  Not wrong at all  Very seriously wrong  A man sends his wife a number of texts throughout the evening, asking her where she is, who she's with and when she's going to get home.  Not wrong at all  Very seriously wrong  A Please choose the number which best describes what you think about the woman's behaviour in these situations:  Imagine a married couple who both work full time and earn similar salaries. The woman insists on looking at her husband's bank statements every month, but she does not let him see her own.  Not wrong at all  Very seriously wrong  A woman sends her husband a number of texts throughout the evening, asking him where he is, who he's with and when he's going to get home.  Not wrong at all  Very seriously wrong  A woman sends her husband a number of texts throughout the evening, asking him where he is, who he's with and when he's going to get home.										
		_					ded, cho	ose one r	าumber		
18.3	Please choose th	e number whic	ch best describe	es what you think	about the <u>ma</u>	an's beha	aviour in	these sit	tuations		
	-	•				e man in	sists on I	ooking a	t his		
	Not wrong at all						Very sei	riously w	rong		
	1	2	3	4	(5)	6		7			
	_	•	-			d up mo	re than u	isual, he	tells her		
		0.0.0	0		0 -		Very sei	riously w	rong		
	1	2	3	4	(5)	6		7			
18.4	1 Please choose th	2 ne number whic						7			
	husband's bank s										
							Very sei	riously w	rong		
	(1)	(2)	(3)	(4)	(5)	(6)		(7)			
	and when he's go			throughout the ev	vening, asking	g him wh					
	Not wrong at an	$\bigcirc$	$\bigcirc$		(E)	6	very sei	Tousiy w	Tong		
	<u>(1)</u>			4)							
18.5	Please choose th	e number whic	ch best describe	es what you think	about the <u>ma</u>	an's beha	aviour in	these sit	tuations		
					at all				wrong		
	A group of men	wolf whistle or	cat call at a wo	oman walking past	(1)	(2)	(3)	(4)	(5)		
	A man makes se	exual comments	s or jokes in the	workplace	1	2	3	4	5		
	A man commen though she has	asked him to st	юр		1	2	3	4	(5)		
	A man puts intir	mate pictures o	f his ex-girlfrier	nd online without h	ner	$\bigcirc$			(E)		

consent

Heat	ing systems				
19.1	What is the main fuel type used to heat your home? (Tick one only)				
	<sup>01</sup> O Gas				
	O Coal				
	O4 Biomass (wood, plants, other organic matter)				
	05 C Electricity				
	GO Heat pump				
	Of Other, please specify				
	<sup>08</sup> O Don't know				
19.2	When do you anticipate looking to replace the main heating source (e.g. boiler) in your home?				
	© Within the next 3 years				
	In 3 to 5 years				
	<sup>103</sup> O In 6 to 10 years				
	In more than 10 years				
	Don't know ▶ go to question 20.1				
	Not applicable – I do not have responsibility for the heating source in my home ▶ go to question 20.1				
19.3	What do you anticipate replacing the main heating source in your home with?				
	o₁ O Gas				
	O Coal				
	Output Display Street Street Display D				
	os O Electricity				
	<sup>06</sup> O Heat pump				
	Other, please specify				
	<sup>08</sup> O Don't know				
Trave	el and transport				
20.1	How many cars or vans are owned or available for use by members of your household? Enter '0' if none				
	if none ▶ go to question 20.7				
20.2	Of the cars and vans you told us about in question 20.1, how many of them are Enter 'O' if none				
	Fully electric cars or vans (that have a battery powered motor and must be plugged in to charge)				
	Hybrid cars or vans (that have any combination of battery-powered electric motor and a petrol / diesel engine)				
	Petrol / diesel cars or vans				

► If yo	ou own any car or van that uses petrol or diesel (including hybrids) continue to question 20.3
► If yo	u do <u>not</u> own a car or van that uses petrol / diesel (including hybrids) go to question 20.6
20.3	How likely is your household to switch at least one of your petrol / diesel cars or vans (including hybrids) to a fully electric car or van in the next 7 years (by 2030)?
	<sup>01</sup> O Very likely
	<sup>02</sup> O Fairly likely
	<sup>03</sup> ○ Fairly unlikely ▶ go to question 20.5
	<sup>04</sup> O Very unlikely ▶ go to question 20.5
	05 ○ Don't know > go to question 20.5
20.4	When do you expect to make the switch to a fully electric car or van? (Tick one only)
	<sup>01</sup> O Less than 1 year
	02 O 1 to 2 years
	03 O 3 to 4 years
	<sup>04</sup> O 5 to 7 years
	05 O Don't know
20.5	What would prevent you from switching to a fully electric car/van in the next 7 years? (Tick all that apply)
	☐ Up front cost
	☐ Lack of available charging points
	Concerns over battery charge range on-Island
	Concerns over battery charge range off-Island
	Don't have enough understanding of electric vehicles
	Other, please specify
	Nothing would prevent me
20.6	Where do you usually park your car(s) or van(s) overnight? (Tick all that apply)
	Private off-street parking e.g. in a driveway or garage
	Private car park with a dedicated space
	Private car park without a dedicated space
	Resident's parking scheme (on-street)
	☐ Public car park
	Public on-street parking
	Other, please specify

► If you don't work, please skip the next three questions									
20.7	,								
	<sup>01</sup> O Yes								
	<sup>02</sup> O No								
20.8	Tick one only - for the longest part, by distance, of your usual journey to work  10 Car or van on my own 10 Car or van with other people 10 Walk or run 10 Cycle								
	○ Motorbike / moped								
	○ Bus								
	<sup>07</sup> O I work from home / I	live at my place o	of work						
	<sup>08</sup> O Taxi								
20.9	How often do you use any	other methods	of travel to wor	k as the longest	part (by distance)	of your journey			
	2 or more At least once a								
	Tick one box in each row	times a week	Once a week	month	Occasionally	Never			
	Walk or run	01	02 🔾	03 🔾	04 🔾	05 🔾			
	Cycle	01	02 🔾	03 🔾	04 🔾	05 🔾			
	Bus	01	02	03 🔘	04	05 🔾			
		Do you hav	ve any other	comments?					

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

The report will be published in winter 2023/2024 on www.gov.je/statistics.

#### Please post back in the Freepost envelope provided

Or post to: Business reply service JE65, Statistics Jersey, PO Box 140, St. Helier, Jersey, JE1 1AE

#### Confidentiality

The information you give us is confidential and protected by law. It will only be used for statistical purposes and won't be passed to any other organisations or Government department. For more information, please go to www.gov.je/Statistics and www.gov.je/HowWeUseYourInfo or you can email us at statistics@gov.je or phone us on 440414