

Ref:

THE STATISTICS UNIT

JERSEY ANNUAL SOCIAL SURVEY

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

4 July 2007

Dear Jersey resident,

As you are hopefully aware, the Statistics Unit is continuously working to improve the information available about Jersey and to make it accessible via the internet at www.gov.je/statistics.

Good quality social statistics are needed for informed policy making. To achieve this, the Statistics Unit works with other States Departments to put together the **Jersey Annual Social Survey**. Each year this survey covers a wide range of topics chosen by individual Departments so that they may better serve the people of Jersey. By working together we are able to collect information in a more efficient way.

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

I would appreciate it if the completed form can be returned to the Statistics Unit by **Friday 27 July 2007**. A pre-paid envelope is enclosed for your convenience.

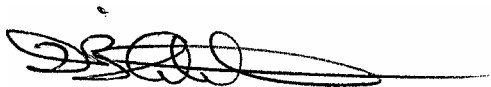
The information provided will be treated with the **strictest confidence** and will only be used to produce total numbers. Information supplied will **not** be passed to any other States Department. The anonymised reference number at the top of this form simply enables a reminder letter to be sent out if we have not received a completed form by the above date.

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

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

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

Yours faithfully,



Dr Duncan Gibaut
Head of Statistics
States of Jersey Statistics Unit
direct dial: +44 (0)1534 440403
email: d.gibaut@gov.je
web: www.gov.je/statistics

1.6 What is your highest **educational** qualification?
(Please exclude any professional qualifications) (Please tick one box only)

⁰¹ No formal qualifications

⁰² GNVQ (Foundation)

⁰³ 'O' levels/CSE/GCSE/GNVQ (Intermediate)

⁰⁴ AS-Level/ City and Guilds

⁰⁵ A-Level, GNVQ (Advanced)

⁰⁶ First Degree

⁰⁷ Higher Degree e.g. (Masters/PhD)

⁰⁸ Other (please specify) _____

1.7 Do you have any of the following **professional** qualifications? (Please tick all that apply)

No professional qualifications

Qualified teacher status (for schools)

Qualified medical doctor

Qualified dentist

Qualified nurse, midwife, health visitor

Other professional qualifications (please specify) _____

Employment

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

⁰¹ Working for an employer

⁰⁶ Retired

⁰² Self-employed, employing others

⁰⁷ In full-time education

⁰³ Self-employed, not employing others

⁰⁸ A homemaker

⁰⁴ Unemployed, looking for work

⁰⁹ Other (please specify) _____

⁰⁵ Unable to work due to long-term
sickness/disability

If you are neither employed nor self-employed please go to question 1.13

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

⁰¹ Agriculture and fishing

⁰² Finance (including legal work)

⁰³ Construction and tradesmen

⁰⁴ Wholesale & retail

⁰⁵ Transport and communications (including Jersey Airport, Harbours, Post & Telecom)

⁰⁶ Private Education or Health

⁰⁷ Hotels, restaurants and bars

⁰⁸ Electricity, gas and water

⁰⁹ Public sector

¹⁰ Other, (please specify) _____

1.10 How many hours per week do you **usually** work in your main job?

(Do not count overtime and meal breaks)

Number of hours worked per week _____

1.11 Do you earn less than £6 per hour (excluding overtime and bonuses)? (Please tick one box only)

⁰¹ Yes **Please go to question 1.12**

⁰² No **Please go to question 1.13**

1.12 If Yes, which earnings band are you currently in? (Please tick one box only)

⁰¹ Less than £5.40 per hour

⁰² £5.41 to £5.60 per hour

⁰³ £5.61 to £5.80 per hour

⁰⁴ £5.81 to £6.00 per hour

About your household

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

⁰¹ Bedsit

⁰² Flat/maisonette

⁰³ Semi-detached/terraced house

⁰⁴ Detached house/bungalow

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

⁰¹ Owner occupied

⁰² Sheltered/disabled see *Note (b)*

⁰³ Old peoples/retirement home

⁰⁴ States/Parish rent

⁰⁵ Housing trust rent

⁰⁶ Private rent (qualified)

⁰⁷ Private rent (non-qualified)

⁰⁸ Staff/service

⁰⁹ Lodger paying rent in private household

¹⁰ Registered lodging house

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

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

⁰¹ One

⁰² Two

⁰³ Three

⁰⁴ Four

⁰⁵ Five or more

1.16 How many people, **including yourself**, live in your household?

(Please enter numbers in boxes below, excluding any lodgers).

Adults (aged 16 and over)

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

Children aged 0 to 4

Children aged 5 to 10

Children aged 11 to 15

1.17 Which type of housing qualifications does the **main householder** have?

(Please tick one box only)

- ⁰¹ Residentially qualified (**a-h** category) see *Note (c)*
⁰² Essentially employed, approved by the Housing Department (**j** category)
⁰³ Residentially qualified (**k** category)
⁰⁴ Not residentially qualified

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

Section 2 – Family and Childcare Issues

2.1 Are you a parent with any children currently under 16 years of age? (Please tick one box only)

⁰¹ Yes **Please go to question 2.2**

⁰² No **Please go to Section 3**

2.2 What ages are your children?

	Child 1	Child 2	Child 3	Child 4	Child 5
Age					

2.3 What statement best describes your current situation? (Please tick one box only)

⁰¹ I am looking after my child(ren) and am currently not employed **Go to question 2.4**

⁰² I am currently on maternity/paternity leave **Go to question 2.7**

⁰³ I am looking after my child(ren) and am currently employed **Go to question 2.7**

⁰⁴ I am not involved in looking after my child(ren) **Go to Section 3**

2.4 When do you currently plan to return to work? (Please tick one box only)

⁰¹ Within the next 12 months

⁰² 1-2 years

⁰³ 3-4 years

⁰⁴ 5-6 years

⁰⁵ 7-8 years

⁰⁶ 9-10 years

⁰⁷ More than 11 years

⁰⁸ Never **Please go to question 2.10**

2.5 What is the main reason that currently **prevents** you from returning to work?
(Please tick one box only)

⁰¹ Cost of care for your child(ren)

⁰² Want to raise the child(ren) personally

⁰³ Hours you would be required to work

⁰⁴ Type of work you would be required to do

⁰⁵ Health reasons

⁰⁶ Nothing

⁰⁷ Other (please specify) _____

2.6 What may **encourage** you to return to work sooner? (Please tick one box only)

⁰¹ More opportunities to take unpaid leave to care for your child(ren)

⁰² Longer periods of unpaid maternity/paternity leave

⁰³ Flexible working hours

⁰⁴ Nothing

⁰⁵ Other (please specify) _____

- 2.7** How difficult did you/do you imagine you will find it **to work the required hours** in your job after returning to work? (Please tick one box only)
- ⁰¹ Very difficult **Please go to question 2.8**
 - ⁰² Fairly difficult **Please go to question 2.8**
 - ⁰³ Fairly easy **Please go to question 2.9**
 - ⁰⁴ Very easy **Please go to question 2.9**

- 2.8** Which of the following factors made it/will make it **difficult for you?** (Please tick all that apply)
- Amount of hours required to work
 - Finding care for your child(ren)
 - Cost of care for your child(ren)
 - Taking your child(ren) to school
 - Your child(ren) wanting to do activities
 - Don't know
 - Nothing
 - Other (please specify) _____

- 2.9** Which of the following would/will be the most important in **making work easier for you?** (Please tick one box only)
- ⁰¹ More opportunities to take child related unpaid leave
 - ⁰² Flexible work
 - ⁰³ Longer periods of unpaid maternity/paternity leave
 - ⁰⁴ Nothing
 - ⁰⁵ Other (please specify) _____

- 2.10** Are you aware of any support services available to parents (e.g. The Bridge Centre, Parenting Support Services or Children Service)? (Please tick one box only)
- ⁰¹ Yes, I use them frequently **Please go to question 2.11**
 - ⁰² Yes, I use them infrequently **Please go to question 2.11**
 - ⁰³ Yes, but I do not use them **Please go to question 2.11**
 - ⁰⁴ No, I do not know of any support available **Please go to question 2.13**

- 2.11** Do you know how to make use of the support service(s) that you have heard about? (Please tick one box only)
- ⁰¹ Yes **Please go to question 2.12**
 - ⁰² No **Please go to question 2.13**

- 2.12** Which support services have you used? (Please specify all the services that you have used)

2.13 If you were to need parenting support, what service would you be most likely to use?

(Please tick one box only)

⁰¹ Telephone support

⁰² E-mail support

⁰³ Drop in sessions (no appointment needed)

⁰⁴ One-to-one scheduled appointment

⁰⁵ A course (e.g. Pre-school Jelly Clubs, Understanding 5 to 10 years old children and Understanding Teenagers)

⁰⁶ Other (please specify) _____

2.14 On a scale of 0 to 10, where 0 is no confidence at all and 10 is very confident.

Please enter a number in the box below to show how confident you feel in your own parenting abilities

2.15 Are any of your children either 3 or 4 years of age? (Please tick one box only)

⁰¹ Yes **Please go to question 2.16**

⁰² No **Please go to Section 3**

2.16 Please rank (from 1 to 4) the following options on the basis of your priorities (1 is the most important and 4 is the least important to you).

When considering **pre-school facilities** for your **3 to 4 year old(s)**, your priorities are:

Priorities	Rank (1 to 4)
Early education for your child(ren)	
Childcare for your child(ren)	
For you to return to employment	
Other (please specify)	

Section 3 – Policing and Fire Safety in Jersey

Policing in Jersey

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

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

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

3.3 How often do you visit the town centre after dark? (Please tick one box only)

- ⁰¹ Daily or almost daily
⁰² Weekly
⁰³ Monthly
⁰⁴ Less than monthly
⁰⁵ Never

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

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

3.5 Thinking about your answer to question 3.4, please indicate the extent to which each of the following has influenced your opinion? (Please tick one box in each row)

	Major influence	Minor influence	No influence	Don't Know
Personal experience of visiting town after dark	<input type="radio"/> ⁰¹	<input type="radio"/> ⁰²	<input type="radio"/> ⁰³	<input type="radio"/> ⁰⁴
The experience of your family or friends	<input type="radio"/> ⁰¹	<input type="radio"/> ⁰²	<input type="radio"/> ⁰³	<input type="radio"/> ⁰⁴
What you have seen or heard in the local media	<input type="radio"/> ⁰¹	<input type="radio"/> ⁰²	<input type="radio"/> ⁰³	<input type="radio"/> ⁰⁴

3.6 How much of a problem is each of the following in Jersey as a whole?
(Please tick one box in each row)

	A major problem	A minor problem	Not a problem	Don't Know
A Anti-social behaviour by young people	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
B Burglary	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
C Drink-driving	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
D Domestic violence	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
E Money laundering and major financial crime	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
F People dealing in drugs	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
G Speeding motorists	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
H Street violence and disorder	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
I Theft of or from vehicles	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
J Petty theft and shoplifting	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
K Vandalism and graffiti	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
L Other (please specify) _____	01 <input type="radio"/>	02 <input type="radio"/>		

3.7 Considering the list in question 3.6 above, which do you think are currently the **three** most important problems for the police to deal with both in **your neighbourhood** and in **Jersey**?
(Please write your choice of letters, A to L from question 3.6 in the boxes below. You can leave some boxes blank if you wish).

	Problem 1	Problem 2	Problem 3
In your neighbourhood			

	Problem 1	Problem 2	Problem 3
In Jersey			

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

	Strongly agree	Tend to agree	Tend to disagree	Strongly disagree	Don't know
The relations between Jersey Police and the public are good	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Jersey Police are in touch with the needs of the community	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
I am confident I would receive a good service from Jersey Police if I needed their assistance	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>

3.9 Thinking about your answer to question 3.8, please indicate the extent to which each of the following has influenced your opinion? (Please tick one box in each row)

	Major influence	Minor influence	No influence	Don't Know
Personal experience of dealing with the Police	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
The experience of your family or friends	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
What you have seen or heard in the local media	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>

3.10 During the last 12 months, how do you think the States of Jersey Police have been doing in each of these areas? (Please tick one box in each row)

	Very good	Good	Poor	Very poor	Don't know
Catching people who sell illegal drugs	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Catching people who commit burglaries	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Catching people who commit violent crimes	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Promoting and enforcing road safety	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Tackling street violence and disorder in the town centre after dark	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Overall policing of the Island	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>

3.11 How worried are you that you might become a victim of the following in the next 12 months? (Please tick one box in each row)

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

3.12 How much has your level of concern changed for the following compared with 2 years ago? (Please tick one box in each row)

	A lot more worried	A little more worried	No change	A little less worried	A lot less worried
Burglary	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Vandalism	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Violent crime	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Verbally abused/ threatened in the street	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>

3.13 How worried are you that your vehicle might be stolen in the next 12 months? (Please tick one box only)

Very worried	Fairly worried	Not very worried	Not at all worried	Don't know	Do not own a vehicle
01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>

3.14 How much has your level of concern changed for the theft of your vehicle compared with 2 years ago? (Please tick one box only)

A lot more worried	A little more worried	No change	A little less worried	A lot less worried	Did not own a vehicle 2 years ago
01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>

Fire Safety

3.15 How safe would you describe your **workplace** in terms of Fire safety? (Please tick one box only)

Very safe	Safe	Unsafe	Very unsafe	I do not work/ I work from home
01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>

3.16 How safe would you describe your **home** in terms of Fire safety? (Please tick one box only)

Very safe

⁰¹

Safe

⁰²

Unsafe

⁰³

Very unsafe

⁰⁴

3.17 Have you prepared a fire escape plan for you and your family in the event of a fire occurring in your home? (Please tick one box only)

⁰¹ Yes

⁰² No

3.18 How many working smoke detectors do you have fitted in your home? _____ smoke detectors

3.19 Has a smoke detector **ever** given you an early warning of fire in your home?
(Please tick one box only)

⁰¹ Yes

⁰² No

3.20 Have you ever had a fire in your home? (Please tick one box only)

⁰¹ Yes

Please go to question 3.21

⁰² No

Please go to question 3.27

3.21 What was the cause of the fire?

(If you have had more than one fire please answer for the latest fire)(Please tick one box only)

⁰¹ Cooking

Please go to question 3.22

⁰² Smoking

Please go to question 3.23

⁰³ Electrical

Please go to question 3.24

⁰⁴ Chimney fire

Please go to question 3.25

⁰⁵ Other (please specify) _____ **Please go to question 3.25**

3.22 What was the **cooking** fire caused by? (Please tick one box only)

⁰¹ Chip pan

⁰² Grill pan

⁰³ Saucepan boiling dry and igniting contents

⁰⁴ Overheating of oven

⁰⁵ Appliance fault or misuse of appliance

⁰⁶ Other (please specify) _____

Please go to question 3.25

3.23 What was the **smoking** fire caused by? (Please tick one box only)

⁰¹ Smoking in bed

⁰² Discarded lit cigarette onto armchair or flammable materials

⁰³ Emptying contents of ashtray into bin

⁰⁴ Smoking materials in contact with flammable liquids/vapours

⁰⁵ Other (please specify) _____

Please go to question 3.25

3.24 What was the **electrical** fire caused by? (Please tick one box only)

- ⁰¹ Electric blanket
- ⁰² Domestic appliance such as washing machine, dishwasher, tumble dryer, refrigerator
- ⁰³ Mains electricity - lighting sockets or wiring
- ⁰⁴ Vehicle located in garage or adjacent premises
- ⁰⁵ Other (please specify) _____

3.25 When you had your fire, how was it dealt with? (Please tick one box only)

- ⁰¹ The Fire & Rescue Service were **not** called and our household dealt with the fire ourselves
- ⁰² The Fire & Rescue Service were called and took over after our household tried to deal with the fire ourselves
- ⁰³ The Fire & Rescue Service were called and they dealt with the fire themselves

3.26 How satisfied were you with the level of service you received? (Please tick one box only)

- ⁰¹ Very satisfied
- ⁰² Satisfied
- ⁰³ Unsatisfied
- ⁰⁴ Very unsatisfied

3.27 How well do you think that the Fire & Rescue Service does at preventing fires through education and fire regulation in Jersey? (Please tick one box only)

- ⁰¹ Very good
- ⁰² Good
- ⁰³ Poor
- ⁰⁴ Very poor

3.28 Do you remember the most recent fire safety campaign to be run by the Fire & Rescue Service?

- ⁰¹ Yes If Yes, what was the most recent campaign? _____
- ⁰² No

3.29 How safe do you feel that Jersey is as a place to live in terms of fire and other emergencies?

- ⁰¹ Very safe
- ⁰² Safe
- ⁰³ Unsafe
- ⁰⁴ Very unsafe
- ⁰⁵ Don't know

The States of Jersey Fire & Rescue Service offer a free home fire safety visit, where two fire-fighters visit your home, look at potential fire hazards, help you develop a fire safety action plan and fit you a free smoke alarm.

3.30 Would you be interested in a free home fire safety visit?

- ⁰¹ Yes
- ⁰² No

To arrange a free home fire safety visit for your household please contact The States of Jersey Fire & Rescue Service Administration Department by telephoning 633506.

Section 4 – Leisure Activities

Leisure Activity

- 4.1 Please indicate the number of times a week that you **normally** undertake **moderate intensity sport or physical activity for 30 minutes or longer** (this may be built up in spells of 10 or 15 minutes). This includes all **organised** sport in which you participate through a club and also activities involving the use of public facilities such as gyms, golf, keep fit and swimming. (Please tick one box only)

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

If 'None' please go to question 4.3

- 4.2 How often did this activity **normally** continue for **longer than 60 minutes?**

(Please tick one box only)

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

- 4.3 **In addition to the above**, please indicate the number of times a week that you **normally** undertake **any other moderate physical activity for 30 minutes or longer**. This includes any manual work as part of your job and also physical activity such as cycling to work or the shops, brisk walking, dancing, jogging, swimming in the sea, heavy gardening and housework. (Please tick one box only)

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

If 'None' please go to question 4.5

- 4.4 How often did this activity **normally** continue for **longer than 60 minutes?**

(Please tick one box only)

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

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

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

Volunteering

We are interested in any sports volunteering you may do. That is, sports voluntary work without receiving any payment (except, perhaps, to cover expenses).

Sports voluntary activity could be: organising or helping to run an event; raising money; providing transport; taking part in a sponsored event; coaching, tuition or mentoring.

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

- 4.6 During the **last 4 weeks**, have you done any sports voluntary work? (Please tick one box only)

01 Yes **Please go to question 4.7**
02 No **Please go to question 4.8**

- 4.7 During the **last 4 weeks**, how much time have you spent doing voluntary sports work? (Please enter to the nearest hour) _____ hours

Access to TV and the Internet

4.8 How is the television signal received in your household? (Please tick one box only)

- ⁰¹ Terrestrial TV **only** (i.e. no Cable nor Sky)
⁰² Cable TV
⁰³ Sky TV
⁰⁴ Do not own a TV

4.9 How many telephone lines (separate telephone numbers) are there for use in your household?

4.10 How many separate **mobile** phone users are there in your household?
(Please enter the number of users against the mobile phone provider)

- Jersey Telecoms
 Cable and Wireless (Sure Mobile)
 Other (please specify) _____

4.11 Does your household have access to the internet? (Please tick one box only)

- ⁰¹ Yes **Please go to question 4.12**
⁰² No, but use elsewhere **Please go to question 4.17**
⁰³ No, I do not use the internet **Please go to question 4.21**

4.12 How does your household access the internet from **home**? (Please tick all that apply)

- Home computer
 Through the television
 Through a games console
 Other (please specify) _____

4.13 Does your household have a broadband connection? (Please tick one box only)

- ⁰¹ Yes
⁰² No

4.14 When did you **first** use the internet at **home**? (Please tick one box only)

- ⁰¹ Within the last month
⁰² One to three months ago
⁰³ Three months to a year ago
⁰⁴ One to three years ago
⁰⁵ More than three years ago

4.15 When did you **last** use the internet at **home**? (Please tick one box only)

- 01 Within the last 24 hours
- 02 Within the last 3 days
- 03 Within the last week
- 04 Within the last month
- 05 Within the last 6 months
- 06 More than 6 months ago

4.16 How often do you **usually** use the internet at **home**? (Please tick one box only)

- 01 Everyday
- 02 Several times a week
- 03 Once a week
- 04 Once or twice a month
- 05 Less than once a month

4.17 From where do you **usually** access the internet **for your own use** (i.e. not for work)?
(Please tick one box only)

- 01 My own home
- 02 Another person's home
- 03 My workplace
- 04 At school/college
- 05 Internet café
- 06 Library
- 07 Elsewhere (please specify) _____

4.18 How long do you **usually** spend on the internet **for your own use** (i.e. not for work) for your typical internet session? (Please tick one box only)

- 01 Up to 30 minutes
- 02 Between 30 minutes and 1 hour
- 03 Between 1 and 2 hours
- 04 Over 2 hours

4.19 Which of these activities do you use the internet for? (Please tick all that apply)

- E-mail
- Booking travel or accommodation
- Ordering goods (e.g. books and DVD's)
- Finding out information for **social** purposes
- Finding out information for **research** purposes
- Personal banking and financial activities
- Playing or downloading music
- News
- Making telephone calls through your computer (e.g. Skype)
- Other (please specify) _____

4.20 What is the total value of goods or services (excluding shares or financial services) you have bought or ordered over the internet in the last **three months**? (Please tick one box only)

⁰¹ I haven't bought anything over the internet within the last three months

⁰² Less than £50

⁰³ Between £50 and £199

⁰⁴ Between £200 and £999

⁰⁵ Between £1,000 and £5,000

⁰⁶ More than £5,000

Please go to Section 5

4.21 What reasons currently **prevent you** from using the internet? (Please tick **up to 3 main** reasons)

Do not have a computer or internet access at home

Lack the confidence/skills/knowledge

Too busy

Feel too old

Costs are too high

Have not got around to it yet

No interest in using the internet

Other reasons (please specify) _____

4.22 If you do not currently use the internet yet, how likely are you to use the internet in the next 12 months? (Please tick one box only)

⁰¹ Very likely

⁰² Quite likely

⁰³ Quite unlikely

⁰⁴ Very unlikely

Section 5 – Communications

Communication by the government with the people of Jersey involves giving information about policy development, inviting feedback and dialogue, as well as more general day-to-day information about events and news.

5.1 How do you prefer to hear about government news and general day-to-day information? (Please tick your top **three** preferences)

01 Printed media (e.g. newspapers)

02 Direct mail from government, either post or e-mail

03 Radio

04 Television

05 The States website (www.gov.je)

06 Other websites

07 Public meetings

08 Other (please specify) _____

5.2 Where do you expect to find information on policies being developed by the government? (Please tick your top **three** preferences)

01 Printed media (e.g. newspapers)

02 Direct mail from government, either post or e-mail

03 Radio

04 Television

05 The States website (www.gov.je)

06 Other websites

07 Public meetings

08 Other (please specify) _____

5.3 The government regularly asks for your comments to help with the development of policy. Have you taken part in a Government consultation within the last 12 months? (Please tick one box only)

01 Yes **Please go to question 5.5**

02 No **Please go to question 5.4**

5.4 For what reasons have you **not** taken part in a government consultation within the last 12 months? (Please tick all that apply)

You were not aware of the consultation

You were aware, but it was not convenient for you to respond

It was too complicated

You chose not to contribute

Other (please specify) _____

5.5 How easy is it to find information on the States website www.gov.je? (Please tick one box only)

- ⁰¹ Very easy
- ⁰² Quite easy
- ⁰³ Quite difficult
- ⁰⁴ Very difficult
- ⁰⁵ I do not use it

5.6 What extra features would you like to see on the States website www.gov.je?
(Please tick all that apply)

- Being able to complete and submit government forms online
- Being able to pay parking fines online
- Information in other languages
- Interactive tools (e.g. an online pension calculator or ITIS account information)
- Being able to book theatre tickets or sports facilities
- Being able to book appointments with States Departments (such as health services)
- Other (please specify) _____

Section 6 – Customer Service

6.1 How do you **usually** interact with States Departments? (Please tick one box only)

⁰¹ Face to face

⁰² Telephone

⁰³ Letter

⁰⁴ E-mail

⁰⁵ Internet

⁰⁶ Other (please specify) _____

6.2 Given the choice, what would be your **preferred** method of interacting with States Departments? (Please tick one box only)

⁰¹ Face to face

⁰² Telephone

⁰³ Letter

⁰⁴ E-mail

⁰⁵ Internet

⁰⁶ Other (please specify) _____

6.3 How do you rate the manner in which the following services have been provided to you by the **Housing Department**? (Please tick one box in each row)

	Very good	Good	Poor	Very poor	I do not use this service
States Rental Accommodation	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>
Housing Maintenance	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>
Housing Rent Payments	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>
Paid Parking	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>
Clarity of written information	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>

6.4 How do you rate the manner in which the following services have been provided to you by the **Population Office**? (Please tick one box in each row)

	Very good	Good	Poor	Very poor	I do not use this service
Housing Qualifications	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>
Regulation of Undertakings	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>
Clarity of written information	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>

6.5 How do you rate the manner in which the following services have been provided to you by **Human Resources**? (Please tick one box in each row)

	Very good	Good	Poor	Very poor	I do not use this service
States of Jersey Recruitment	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>
Clarity of written information	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>

6.6 How do you rate the manner in which the following services have been provided to you by the **Social Security Department?** (Please tick one box in each row)

	Very good	Good	Poor	Very poor	I do not use this service
Incapacity Benefits	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Health Scheme	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Housing Subsidies	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Social Security Contributions	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Family Benefits	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Pensions	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Work-related services	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Clarity of written information	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>

6.7 How do you rate the manner in which the following services have been provided to you by the **Treasury & Resources Department?** (Please tick one box in each row)

	Very good	Good	Poor	Very poor	I do not use this service
Family Allowance	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Housing Rent payments	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Payments to suppliers (Accounts payable)	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Payments from customers (Accounts receivable)	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Clarity of written information	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>

Section 7 – Health

General Health Status

7.1 In general, how would you rate your health? (Please tick one box only)

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

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

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

7.3 Do you think the introduction of the smoking ban in Jersey has been a good thing?
(Please tick one box only)

- ⁰¹ Yes ⁰² No ⁰³ Don't know

7.4 In the last 12 months have you tried to make any of the following changes to your lifestyle to improve your health, even if only for a short time? (Please tick one box in each row)

- | | Yes | No | Not applicable |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| Cut down or stop smoking | ⁰¹ <input type="radio"/> | ⁰² <input type="radio"/> | ⁰³ <input type="radio"/> |
| Cut down the amount of alcohol I drink | ⁰¹ <input type="radio"/> | ⁰² <input type="radio"/> | ⁰³ <input type="radio"/> |
| Increase the amount of exercise I take | ⁰¹ <input type="radio"/> | ⁰² <input type="radio"/> | ⁰³ <input type="radio"/> |
| Control weight | ⁰¹ <input type="radio"/> | ⁰² <input type="radio"/> | ⁰³ <input type="radio"/> |
| Eat more healthily | ⁰¹ <input type="radio"/> | ⁰² <input type="radio"/> | ⁰³ <input type="radio"/> |
| Reduce level of stress | ⁰¹ <input type="radio"/> | ⁰² <input type="radio"/> | ⁰³ <input type="radio"/> |
| Other (please specify) _____ | ⁰¹ <input type="radio"/> | ⁰² <input type="radio"/> | ⁰³ <input type="radio"/> |

7.5 In your opinion which **three** options have the most affect on your own health?
(Please tick **up to three** boxes which you think affect your health the most)

- Current employment status
 The quality of your housing
 Your relationship with your family
 Your relationship with people outside your family
 Your income or standard of living
 Smoking – your own or other people's
 The amount of alcohol you drink
 The amount of exercise or physical activity you take
 The food you eat
 None of these
 Other (please specify) _____

7.6 When visiting the doctor, do you always attend the same GP practice? (Please tick one box only)

⁰¹ Yes **Please go to question 7.9**

⁰² No **Please go to question 7.7**

7.7 If No, how many different GP practices in Jersey have you been to in the last 12 months?

7.8 What are your reasons for attending different practices? (Please tick all that apply)

To get a second opinion

To see a doctor of a different gender

To get the treatment I want

To visit a cheaper practice

Other (please specify) _____

Food

7.9 Where do you buy **most** of your household food shopping? (Please tick one box only)

⁰¹ Large supermarkets

⁰² Convenience/express shops (e.g. Checkers Express and Spar)

⁰³ Small local or specialist shop

⁰⁴ Central markets in St Helier

⁰⁵ Farm shops

⁰⁶ Other (please specify) _____

7.10 How often do you eat the following types of meals? (Please tick one box in each row)

	At least once a day/ most days	A few times a week	About once a week	A few times a month/ less often	Never
Completely home made meals (prepared from scratch)	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>
Meals at home made partly from scratch and partly from pre-prepared (store bought) ingredients	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>
Meals at home made completely from pre-prepared (store bought) ingredients	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>
Breakfast cereals, toast & packaged breakfast products	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>
Take-away meals (e.g. fish and chips, curry, kebabs)	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>
Take-away sandwiches, wraps and salads	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>
Meals consumed outside the home (e.g. in restaurants, cafes, pubs)	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>

7.11 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 very important to me	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
I find it difficult to know if a food product is healthy from the labelling	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 good quality 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 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 have the skills or knowledge 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"/>
Parents should be strict with their children and make them eat healthy food	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Only healthy food should be sold in schools	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>

7.12 In your opinion which **three** options prevent you from eating more healthy foods?

(Please tick **up to three** boxes which you think prevent you the most)

- Other people are discouraging or unsupportive
- Not knowing what changes to make
- Not knowing how to cook more healthy foods
- Poor choice of healthy foods in canteens and restaurants
- Poor choice of healthy foods in places where you shop
- Healthy foods are expensive
- Healthy foods take too long to prepare
- Lack of will power
- Don't like the taste/don't enjoy healthy foods
- None of these – I am currently eating as healthy as possible
- Other (please specify) _____

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

(**Include:** fresh, frozen, canned, dried and cooked fruit or vegetables; pulses, beans and lentils)

(**Exclude:** potatoes and yams)

(Only **count fruit juice once**, no matter how much you drink)

Examples of a portion: 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.

_____ portions in the last 24 hours

7.14 Over the past 12 months have you tried to make any of the changes listed even if only for a short time? (Please tick one box in each row)

	Yes	No	Not applicable
Generally eating less	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Generally eating more	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Eating less fatty or fried foods such as crisps or chips	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Eating more fruit and vegetables	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Eating less processed and 'convenience' foods	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Eating less sugar and foods containing a lot of sugar, such as cakes, biscuits, sweets and soft drinks	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Eating more foods containing fibre, such as wholemeal bread and breakfast cereals	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Eating low-fat foods such as skimmed/semi-skimmed milk or low-fat spread/cheese	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Other (please specify) _____	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>

Pain

7.15 Do you currently have any pain? (Please tick one box only)

- 01 Yes **Please go to question 7.16**
02 No **Please go to question 7.17**

7.16 If Yes, where do you have pain? (Please tick all that apply)

- Neck
 Shoulders
 Upper back
 Lower back
 Legs
 Elsewhere (please specify) _____

7.17 Have you **ever** had lower back pain? (Please tick one box only)

- 01 Yes **Please go to question 7.18**
02 No **Please go to question 7.20**

7.18 Have you **ever** had to take time off work due to lower back pain? (Please tick one box only)

- 01 Yes
02 No

7.19 Within the last 7 days, how much has lower back pain affected your day-to-day activities? (Please tick one box only)

- 01 Extremely
02 Quite a bit
03 Moderately
04 A little bit
05 Not at all

7.20 We are interested in your **thoughts** on lower back trouble. Please indicate your general views on the following statements even if you have never suffered from back pain.
(Please tick one box in each row)

	Agree strongly	Agree slightly	Neither agree/ disagree	Disagree slightly	Disagree strongly
There is no real treatment for back trouble	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Back trouble will eventually stop you from working	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Back trouble means periods of pain for the rest of one's life	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Doctors cannot do anything for back trouble	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
A bad back should be exercised	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Back trouble makes everything in life worse	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Surgery is the most effective way to treat back trouble	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Back trouble may mean you end up in a wheelchair	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Alternative treatments are the answer to back trouble	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Back trouble means long periods of time off work	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Medication is the only way of relieving back trouble	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Once you have back trouble there is always a weakness	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Back trouble must be rested	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Later in life back trouble gets progressively worse	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>

7.21 If a person suffers from **lower back pain**, how often do you think it is acceptable for them to take time off work? (Please tick one box only)

- 01 Always
- 02 Often
- 03 Sometimes
- 04 Rarely
- 05 Never

7.22 If a person suffers from **stress**, how often do you think it is acceptable for them to take time off work? (Please tick one box only)

- 01 Always
- 02 Often
- 03 Sometimes
- 04 Rarely
- 05 Never

Section 8 – Travel and Transport

Road Safety

8.1 Do you currently drive: (Please tick all that apply)

Motorbike/moped

Car/van

I do not drive **Please go to question 8.6**

8.2 To the nearest year, how long have you been driving? _____ years

8.3 How do you rate your own standard of driving? (Please tick one box only)

⁰¹ Very Good

⁰² Good

⁰³ Poor

⁰⁴ Very Poor

8.4 On a scale of 0 to 10, where 0 is the worst possible knowledge and 10 is the best possible knowledge, please enter a number in the box below corresponding to how well-informed you feel you are on road craft e.g. meaning of road signs and braking distances.

8.5 When driving, what do you think is the highest risk for causing a crash? (Please tick one box only)

⁰¹ Driving too fast for the road conditions

⁰² Driving in excess of the speed limit

⁰³ Drink driving

⁰⁴ Using a mobile phone whilst driving

⁰⁵ Pedestrians

⁰⁶ Road works

⁰⁷ Tiredness

⁰⁸ Other (please specify) _____

8.6 How effective have each of the following road safety messages been in changing your attitude towards road safety? (Please tick one box in each row)

	Very effective	Quite effective	Not very effective	Not at all effective	Have not seen it
Hands Off (don't use mobile phones whilst driving)	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>
Drink Driving (December and July)	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>
Crash.je (Channel 103)	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>
Anti-speeding	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>
Be safe, Be seen	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>
Road safety banners	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>

8.7 How do you rate the general standard of driving in the Island? (Please tick one box only)

- 01 Very Good
 02 Good
 03 Poor
 04 Very Poor
 05 Don't know

8.8 How important have the following factors been in creating your awareness of road safety?
(Please tick one box in each row)

	Very important	Fairly important	Not very important	Not at all important	Don't know
Personally being involved in a crash or near miss	<input type="radio"/> 01	<input type="radio"/> 02	<input type="radio"/> 03	<input type="radio"/> 04	<input type="radio"/> 05
Friend or relative being involved in a crash or near miss	<input type="radio"/> 01	<input type="radio"/> 02	<input type="radio"/> 03	<input type="radio"/> 04	<input type="radio"/> 05
Likelihood of being stopped by the Police	<input type="radio"/> 01	<input type="radio"/> 02	<input type="radio"/> 03	<input type="radio"/> 04	<input type="radio"/> 05
Highway code	<input type="radio"/> 01	<input type="radio"/> 02	<input type="radio"/> 03	<input type="radio"/> 04	<input type="radio"/> 05
What you learnt whilst being taught to drive	<input type="radio"/> 01	<input type="radio"/> 02	<input type="radio"/> 03	<input type="radio"/> 04	<input type="radio"/> 05
Road-side banners	<input type="radio"/> 01	<input type="radio"/> 02	<input type="radio"/> 03	<input type="radio"/> 04	<input type="radio"/> 05
TV advertising	<input type="radio"/> 01	<input type="radio"/> 02	<input type="radio"/> 03	<input type="radio"/> 04	<input type="radio"/> 05
TV programmes	<input type="radio"/> 01	<input type="radio"/> 02	<input type="radio"/> 03	<input type="radio"/> 04	<input type="radio"/> 05
Bus advertising	<input type="radio"/> 01	<input type="radio"/> 02	<input type="radio"/> 03	<input type="radio"/> 04	<input type="radio"/> 05
Radio advertising	<input type="radio"/> 01	<input type="radio"/> 02	<input type="radio"/> 03	<input type="radio"/> 04	<input type="radio"/> 05
Articles in press	<input type="radio"/> 01	<input type="radio"/> 02	<input type="radio"/> 03	<input type="radio"/> 04	<input type="radio"/> 05

8.9 Which methods do you think would be best suited to control speeding in the Island?
(Please tick all that apply)

- Permanent speed cameras
 The Police using speed guns
 Speed billboards (displays your speed as you approach to remind you of correct speed limit)
 Speed limiters in vehicles (i.e. stops your vehicle from exceeding certain speeds)

Driving Licences

8.10 Do you think those banned from driving in the U.K. or other countries should be allowed to drive in Jersey (and vice-versa)? (Please tick one box only)

- 01 Yes
 02 No
 03 Don't know

8.11 Should Jersey introduce a similar system to the U.K. and other countries whereby **fixed fines** are issued for certain driving offences such as speeding or using a mobile phone while driving?
(Please tick one box only)

⁰¹ Yes

⁰² No

⁰³ Don't know

8.12 Should Jersey introduce a similar system to the U.K. and other countries whereby **penalty points** are put onto your licence for certain driving offences such as speeding or using a mobile phone while driving? (Please tick one box only)

⁰¹ Yes

⁰² No

⁰³ Don't know

8.13 Should drivers have to take refresher courses (theory and practical) after a fixed length of time to make sure that their knowledge is up-to-date and for general road safety?
(Please tick one box only)

⁰¹ Yes **Please go to question 8.14**

⁰² No **Please go to question 8.15**

⁰³ Don't know **Please go to question 8.15**

8.14 After how many years do you think a refresher course should be re-taken? Every _____ years

Vehicles

8.15 Do you think there should be a restriction on certain types of vehicles allowed in the Island?
(Please tick one box only)

⁰¹ Yes **Please got to question 8.16**

⁰² No **Please got to question 8.18**

8.16 Which of the following **private** vehicles do you think should **NOT** be allowed in the Island?
(Please tick all that apply)

Caravans

Quad bikes

No private vehicles should be restricted

Other (please specify) _____

8.17 Which of the following **commercial** vehicles do you think should **NOT** be allowed in the Island, even though it may mean passing the higher cost of using smaller, less efficient vehicles onto the consumer? (Please tick all that apply)

Wider Lorries than we currently have (2.3 metres)

Longer Lorries than we currently have (9 metres)

No commercial vehicles should be restricted

Other (please specify) _____

Road Crossings

8.18 When crossing the road at a signal controlled junction, how often do you press the button and wait for the 'green man' to appear before crossing the road? (Please tick one box only)

- 01 Always
 02 Quite often
 03 Not very often
 04 Never

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

	Agree strongly	Agree slightly	Disagree slightly	Disagree strongly
Signal-controlled crossings help me cross the road	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
There is no need for signal-controlled crossings	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
As a pedestrian, signal-controlled crossings improves my safety	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Waiting at a signal-controlled crossing delays the time it takes me to cross the road	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>

8.20 Do you think there should be more signal-controlled crossings introduced?
 (Please tick one box only)

- 01 Yes **Please got to question 8.21**
 02 No **Please got to question 8.22**

8.21 If Yes, where would you like to see signal-controlled crossing introduced?

Services for the Public

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

	Very good	Good	Poor	Very poor	Don't know
Condition of the Island's main roads	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Cleanliness of our beaches	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Condition of town pavements	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Cleanliness of our pavements and roads	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Cleanliness of our public toilets	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Island-wide recycling facilities	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Standard/quality of all parks and gardens	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Availability of cycle parking	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Availability of motorcycle parking	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Management of road works	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Maintenance of street lighting	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Standard of road markings	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>

Travel Diary

In the table opposite, please can you detail **all journeys** (e.g. to and from work, at lunchtime, to the shops, to pick up children, social travel) which you made yesterday (**weekday** only).

Please **include all** journeys made by: public transport (bus and taxi), motor vehicle (car/van or motorbike/moped), by bicycle or on foot (only include journeys on foot of 10 minutes or more).

If your journey involved more than one form of transport (e.g. walk to bus stop, take bus, walk to work) **please use a separate line for each stage of your journey**. Similarly if the journey had several purposes e.g. drop kids off at school and then go to work, please state the first part of the journey on one line and enter the second half on the next line below. So the above example would have 'School run' on one line and then the line below would read 'To work'. An example is shown in the table.

Notes:

Purpose of journey – please provide a simple description of the journey from one of the following:

- To work
- Social
- Go home
- Shopping
- School run
- Commercial use
- Other (please specify)

Time start/arrived – please write in hours and minutes and show whether this was a.m. or p.m..

From/To – please indicate which Parish your journey started and finished in, and also the area if known. If your journey started or finished at home please just write 'Home'.

Mode of travel – show each different method of transport used on a separate line from the following:

- Walk
- Bicycle
- Motorbike
- Bus
- Taxi
- Company car/van
- Car (driver)
- Car (lift)

Approx. distance (miles) – write in the approximate distance travelled in miles and parts of a mile, e.g. '1.8' or '0.5' or '3½' miles

Number of people in vehicle – the number of people travelling in the vehicle if used a car/van.

8.23 Day of week covered? (Please tick one box only)

- ⁰¹ Monday
- ⁰² Tuesday
- ⁰³ Wednesday
- ⁰⁴ Thursday
- ⁰⁵ Friday

8.24 Approximately, how many **miles** do you drive your car(s)/van(s) for **personal** use only (i.e. excluding any miles travelled for commercial use)?
You may answer with either your annual or weekly mileage.

Annual mileage	Weekly mileage
<input type="radio"/> 01 0 - 999	<input type="radio"/> 01 0 - 19
<input type="radio"/> 02 1,000 - 1,999	<input type="radio"/> 02 20-39
<input type="radio"/> 03 2,000 - 2,999	<input type="radio"/> 03 40-59
<input type="radio"/> 04 3,000 - 3,999	<input type="radio"/> 04 60-79
<input type="radio"/> 05 4,000 - 4,999	<input type="radio"/> 05 80-99
<input type="radio"/> 06 5,000+	<input type="radio"/> 06 100+
<input type="radio"/> 07 I do not own a car/van	<input type="radio"/> 07 I do not own a car/van

8.25 Approximately, how many **miles** do you drive your motorbike(s)/moped(s) for **personal** use only (i.e. excluding any miles travelled for commercial use)?
You may answer with either your annual or weekly mileage.

Annual mileage	Weekly mileage
<input type="radio"/> 01 0 - 999	<input type="radio"/> 01 0 - 19
<input type="radio"/> 02 1,000 - 1,999	<input type="radio"/> 02 20-39
<input type="radio"/> 03 2,000 - 2,999	<input type="radio"/> 03 40-59
<input type="radio"/> 04 3,000 - 3,999	<input type="radio"/> 04 60-79
<input type="radio"/> 05 4,000 - 4,999	<input type="radio"/> 05 80-99
<input type="radio"/> 06 5,000+	<input type="radio"/> 06 100+
<input type="radio"/> 07 I do not own a motorbike/moped	<input type="radio"/> 07 I do not own a motorbike/moped

Section 9 – Lodgers

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

⁰¹ Yes If Yes, how many? _____

⁰² No

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

Thank you for taking time to complete this important questionnaire.

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

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

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