

Dear Jersey resident,

29 May 2013

Your household has been randomly selected to take part in the:

Jersey Annual Social Survey

Who should fill in this questionnaire?



Please could the person in your household who has the next birthday (and is 16 years old or over) complete the questionnaire

Please complete and return this questionnaire by Friday 14 June 2013

You can either return your questionnaire by post or complete it online.....



Post your completed questionnaire back using the enclosed freepost envelope



Online: To access the online survey please go to www.gov.je/JASS and follow the link.
Your unique password is:

Why we need your response

- Your address has been randomly chosen from all households in Jersey
- Now that you've been selected, we can't replace you with someone else
- Your answers will inform policy decisions that will affect all Jersey residents
- You will be helping government to plan and develop services now and in the future
- Your responses not only represent you, but people and households like you in Jersey

Confidentiality

Any information you give is anonymous and will be treated in the **strictest confidence**. Your responses will only be used to produce total numbers. No individual identifiable data will be shared with any other States department.

Thank you

Please post the survey back to the Statistics Unit (or complete online) by **Friday 14 June**. If you have any questions relating to the survey, please contact Kim Guegan (tel: 440423; email: statistics@gov.je). Thank you in advance for your time.

Yours faithfully,

Dr Duncan Gibaut, Chief Statistician
States of Jersey Statistics Unit

The survey is run **independently** by the Statistics Unit on behalf of other States departments.

Sample

About you

1.1 Are you? *(Tick one only)*

- ⁰¹ Male
⁰² Female
-

1.2 In what year were you born?

1.3 What is your marital status? *(Tick one only)*

- ⁰¹ Never married
⁰² Married (first marriage)
⁰³ Re-married
⁰⁴ Separated (but still legally married)
⁰⁵ Divorced
⁰⁶ Widowed
-

1.4 Where were you born? *(Tick one only)*

- ⁰¹ Jersey
⁰² Elsewhere in the British Isles* or the Republic of Ireland
⁰³ Portugal or Madeira
⁰⁴ Poland
⁰⁵ Other European country, *specify country:* _____
⁰⁶ Elsewhere, *specify country:* _____

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

1.5 When did your present period of continuous residence in Jersey begin? *(Ignore periods of absence on holiday and absences during the Occupation years)*

- ⁰¹ At birth or In (year):
-

1.6 Which cultural and ethnic group do you consider you belong to? *(Tick one only)*

White:

- ¹¹ Jersey ¹² British ¹³ Irish ¹⁴ Polish ¹⁵ Portuguese / Madeiran

Asian:

- ²¹ Bangladeshi ²² Chinese ²³ Indian ²⁴ Pakistani ²⁵ Thai

Black:

- ³¹ African ³² Caribbean

Other, or mixed:

- ⁴¹ *Please specify:* _____

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

• *Please exclude any professional qualifications.*

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

Employment – your main job

1.8 Are you currently? (*Tick the one which is most appropriate to you*)

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

► If you are **not** in employment go to question 1.21 “Training and education”

1.9 Which industry do you work in, for your main job?

(*Tick the one which is most appropriate to you*)

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

1.10 What is your job title (for your main job)?

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

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

Employment

1.12 Which of the following best describes the work you do for your main job?

Routine, Semi-routine, Manual or Service occupation

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

Technical or Craft occupation

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

Clerical or intermediate occupation

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

Professional occupation (normally requiring a professional qualification)

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

Middle or Junior Manager

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

Senior Manager

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

Not sure

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

Yes – for an employer

Yes – self-employed

No ... ► [go to question 1.16](#)

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

jobs in addition to my main job

1.15 How many hours do you usually work each week, **in your additional jobs**?

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

1.16 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)

- *“Basic rate of pay” does not include overtime or enhanced pay rates*

Yes – how many extra hours? *write in:* hours

No

Employment

1.17 Were you looking for a different or additional job or business in the last two weeks?

⁰¹ Yes

⁰² No ... ► go to question 1.19

1.18 If yes, why were you looking for another job?

(Tick all that apply)

Current job may come to an end

Current job is temporary

Current pay unsatisfactory

Want to work longer hours

Want to work shorter hours

Want a job more relevant to my training / skills

Wish to change occupation / career

Other reason, *please specify:* _____

1.19 Would you say that your current job uses your skills and qualifications

(Tick one only)

⁰¹ Fully ... ► go to question 1.21 "Training and education"

⁰² Partly

⁰³ Not at all

⁰⁴ Don't know

1.20 If your job only partly uses or does not use your skills / qualifications, would you prefer to find a job that fully uses your skills / qualifications?

⁰¹ Yes

⁰² No

Training and education

1.21 During the last 12 months have you participated in any of the following activities to improve knowledge or skills in any area, including hobbies? (either full time or part time)

(Tick all that apply)

Adult education programme as a student or apprentice (through a college, university etc.)

Private lesson or course (classroom instruction, lecture, theoretical, practical course)

Course conducted through open or distance education

Seminars and workshops

Guided on the job training

None of these

1.22 During the last 12 months, have you undertaken any training to improve your skills or qualifications to help you **find a job or change career**?

⁰¹ Yes

⁰² No

About your household

1.23 How many people, **including yourself**, live in your household (excluding lodgers)?

- Enter numbers in boxes below
- If none, write '0'

Pensioners (over 64 years)

Adults (aged 16 to 64 years)

Children aged 11 to 15

Children aged 5 to 10

Children aged 0 to 4

1.24 Does anyone in your household have residential qualifications*? *(Tick one only)*

- ⁰¹ Yes ...▶ go to the next question
- ⁰² No ...▶ go to question 1.26

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

1.25 If yes, which residential category are they qualified under?

- Tick all that apply to the adults in your household
- a to h category (through a time of living on the Island or through family connections)
- j category ("Essentially employed", approved by the Population Office)
- k category (consent given on social or economic grounds)
- Don't know

1.26 Thinking about **all** adult* members of your household **including yourself**, how many are currently:

- Enter numbers in boxes below
- If none, write '0'

Unemployed, looking for work **and registered** as
"actively seeking work" with Social Security.....

Unemployed, looking for work and **not** registered as
"actively seeking work" with Social Security.....

Doing some paid work **and registered** as
"actively seeking work" with Social Security.....

*adults are those aged 16 or over

About your household

1.27 Does anybody in your household have any of the following long-lasting conditions or difficulties that have a significant adverse effect on their ability to carry out normal day-to-day activities?

- include conditions and difficulties relating to old age
- long-lasting means anything that has lasted, or is expected to last, at least 12 months

Tick all that apply for each person in your household

	Yourself (Person 1)	Person 2	Person 3	Person 4	Person 5
Blindness or a serious vision impairment	<input type="checkbox"/>				
Deafness or a serious hearing impairment	<input type="checkbox"/>				
Physical impairment (e.g. wheelchair user and/or difficulty using arms or hands)	<input type="checkbox"/>				
Learning disability (e.g. autism, Down's syndrome)	<input type="checkbox"/>				
Mental health condition, (e.g. depression, schizophrenia or severe phobias)	<input type="checkbox"/>				
None of these	<input type="checkbox"/>				

Housing

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

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

2.2 What is the type of accommodation? *(Tick one only)*

- ⁰¹ Owner occupied
- ⁰² States or housing trust rent
- ⁰³ Parish trust rent
- ⁰⁴ Qualified private rent
- ⁰⁵ Staff / service accommodation
- ⁰⁶ Lodger paying rent in private household
- ⁰⁷ Registered lodging house
- ⁰⁸ Other non-qualified accommodation

2.3 How many **rooms** are available for use only by this household?

► **Do NOT count:**

- bathrooms
- toilets
- halls or landings
- rooms that can only be used for storage such as cupboards

► **Count all other rooms, for example:**

- kitchens
- living rooms
- utility rooms
- bedrooms
- studies
- conservatories

► *If two rooms have been converted into one, count them as one room*

number of rooms

Housing

2.4 How many of these rooms are **bedrooms**?

number of bedrooms

2.5 **Approximately** how old is your property?

- ⁰¹ Less than 20 years old
⁰² 20 years or older
⁰³ Don't know

2.6 Are you currently satisfied or dissatisfied with your current housing, dwelling, or place where you live?

- ⁰¹ Satisfied
⁰² Dissatisfied

2.7 How would you rate the suitability of your home for **you and your household** in terms of its:

Tick one box in each row

	Very suitable	Fairly suitable	Not very suitable	Not at all suitable
Bedroom sizes	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>
Living space	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>
Storage space	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>
Parking	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>
Outside space (e.g. private or shared garden / patio)	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>

2.8 Thinking about space for children to play, how would you rate your home and the immediate area around it?

- ⁰¹ Very suitable
⁰² Fairly suitable
⁰³ Not very suitable
⁰⁴ Not at all suitable
⁰⁵ Don't know

2.9 Do you consider any of the following to be a problem with your home? (*Tick all that apply*)

- Too dark / not enough natural light
 Overlooked by other properties
 Lack of privacy from passers-by
 Insufficient sound-proofing / noise
 No – none of the above

2.10 Does your home have a private garage?

- ⁰¹ Yes ...▶ go to the next question
⁰² No ...▶ go to question 2.12

Housing

2.11 If your home has a private garage, which of the following is it normally used for?

(Tick all that apply)

- Parking vehicles
- Storage
- Workshop / hobbies
- Converted to living accommodation
- Other, *please specify:* _____

2.12 How many smoke detectors do you have fitted in your home?

- *Write '0' if none*

smoke detectors

▶ **If you have any smoke detectors in your home, go to the next question**

▶ **Otherwise, go to question 2.15**

2.13 In which rooms do you have smoke detectors fitted?

(Tick all that apply)

- Hallway
- Landing
- Bedroom
- Living room
- Kitchen
- Other, *please specify:* _____

2.14 Approximately how often do you check to make sure your smoke detector(s) is working properly?

- 01 Weekly
- 02 Monthly
- 03 A few times a year
- 04 Less often
- 05 Never

2.15 Do you have any appliances in your home that burn gas, oil, coal or wood? (e.g. open fire, multi-fuel stove, oil-fired boiler, gas cooker, gas boiler)

- *Include appliances located in a garage attached to your property*

- 01 Yes ... ▶ *go to the next question*
- 02 No ... ▶ *go to question 2.17 "Countryside access"*

2.16 If yes, do you have a carbon monoxide detector fitted in your home?

- 01 Yes
- 02 No

Countryside access

2.17 How often do you use public country footpaths and cliff paths?

- ⁰¹ Daily
- ⁰² Weekly
- ⁰³ Monthly
- ⁰⁴ Less often
- ⁰⁵ Never

2.18 If you do not use the public country footpaths, why not? *(Tick all that apply)*

- Not interested
- Unaware of available routes
- Lack of disabled access
- Difficulty getting to the countryside
- The terrain is too difficult for me
- Too many hazards, *please provide details:* _____
- Other reason, *please specify:* _____

2.19 Where would you prefer to find general information about the countryside and coastal areas?
(Tick up to three)

- On-site signs and panels
- Guided walks and events
- Websites
- Social media (e.g. Facebook, Twitter)
- Mobile phone apps
- Leaflets, maps and guide books
- Other, *please specify:* _____

2.20 Would you like to see more of Jersey's countryside made available for any of the following?
(Tick all that apply)

- Walking, running and taking exercise
- Walking dogs off lead
- Riding horses
- Off-road cycling
- Disabled access
- Other, *please specify:* _____
- None of these

Quality of life

- 3.1** On a scale of zero to ten, where ten is the best possible life for you and zero is the worst, please enter a number in the box below corresponding to how good or bad you feel your life is at the moment?

We would like to know what factors you consider to be important when deciding how good or bad you feel your life is at the moment.

- 3.2** Thinking about your overall well-being, how important are the following to you?

- Please rate on a scale of 1 to 5, where 1 is not important and 5 is very important
- Tick one box in each row

	Not important		Very important		
	1	2	3	4	5
Housing	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Income and wealth	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Employment	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Education and skills	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
The local environment	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Government (having your say, confidence in, etc.)	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Being healthy	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Work-life balance	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Relationships with others	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Personal safety	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Your overall life satisfaction	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>

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

Tick one box in each row

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

Living in Jersey

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

- ⁰¹ Very satisfied
- ⁰² Fairly satisfied
- ⁰³ Not very satisfied
- ⁰⁴ Not at all satisfied

3.5 In your retirement, where would you like to live? *(Tick one only)*

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

**Lifelong homes (to buy and for social rent), are designed for both fit and less able people over the age of 55, enabling them to live independently for as long as possible in their own home.*

3.6 In the area where you live, are you satisfied or dissatisfied with the quality of air?

- ⁰¹ Satisfied
- ⁰² Dissatisfied

3.7 In the area where you live, are you satisfied or dissatisfied with the quality of the drinking water?

- ⁰¹ Satisfied
- ⁰² Dissatisfied

3.8 Thinking of physical access, distance, opening hours etc, how would you describe your access to recreational or green spaces? Can you access...

- ⁰¹ With great difficulty
- ⁰² With some difficulty
- ⁰³ Easily
- ⁰⁴ Very easily
- ⁰⁵ Not applicable – I don't use

3.9 Generally speaking, which of the following statements is closest to your own views? *(Tick one only)*

- ⁰¹ Most people can be trusted
- ⁰² You can't be too careful in dealing with people
- ⁰³ Don't know

3.10 Do you feel safe walking alone at night in the area where you live?

- ⁰¹ Yes
- ⁰² No
- ⁰³ Don't know

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

Tick one box in each row

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

3.12 Thinking about your **household's** total income, is your household able to make ends meet, that is, to pay for its usual necessary expenses?

- ⁰¹ With great difficulty
- ⁰² With difficulty
- ⁰³ With some difficulty
- ⁰⁴ Fairly easily
- ⁰⁵ Easily
- ⁰⁶ Very easily

Internet

► If you don't use the internet, go to question 3.18 "Communication"

► If you do use the internet, go to question 3.13

3.13 Which devices do you currently use to access the internet?

(Tick all that apply)

- Computer or laptop
- Mobile phone (e.g. smartphone)
- Mobile device (e.g. iPad or similar)
- Internet enabled TV
- Games console (e.g. Playstation, Xbox)
- E-reader (e.g. Kindle)
- Other, *please specify:* _____

3.14 Do you use Twitter?

- ⁰¹ Yes
- ⁰² No

3.15 Do you currently use the States of Jersey website, www.gov.je?

- ⁰¹ Yes
- ⁰² No

3.16 There is a new mobile version of the States of Jersey website which is specifically designed for smartphones and other mobile devices.

Have you used the States of Jersey **mobile** site m.gov.je?

- 01 No - I was not aware of it ...▶ go to question 3.18
 02 No - I was aware, but haven't used it ...▶ go to question 3.18
 03 Yes ...▶ please answer the next question

3.17 If yes, how useful do you find m.gov.je?

- 01 Very useful
 02 Quite useful
 03 Not very useful
 04 Not useful at all

Communication

3.18 Which of the following methods would you use to contact or access services / information provided by States Departments?

Tick one box in each row

	I would definitely use	I might use	I would not use
Letter	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Email	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Telephone	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Text message	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Social media (e.g Facebook & Twitter)	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Face to face	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Websites / online services	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>

3.19 From which of the following sources have you found out information about the States Assembly (Jersey's Government)?

(Tick all that apply)

- Newspaper (JEP)
 Television
 Radio
 States Assembly website (www.statesassembly.gov.je)
 Other websites
 Other, *please specify*: _____
 None of these – I am not interested in this

3.20 Do you think video broadcasts of States Assembly meetings should be available online?

- 01 Yes
 02 No
 03 Don't know

Your health

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

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

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

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

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

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

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

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

4.4 In general, how would you rate your health? *(Tick one only)*

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

4.5 Do you have any longstanding illness, disability or infirmity?

- *include conditions and difficulties relating to old age*
- *longstanding means anything that has lasted, or is expected to last, at least 12 months*

- ⁰¹ Yes ... ► go to the next question
- ⁰² No ... ► go to question 4.8

Your health

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

- ⁰¹ Yes, a lot
⁰² Yes, a little
⁰³ No

4.7 Are you undergoing any long-term medical treatment for your condition (by long-term, we mean treatment lasting, or expected to last, 3 months or more)?

- ⁰¹ Yes
⁰² No

4.8 On a scale of one to ten, where ten is the best imaginable health and one is the worst, please enter a number in the box below corresponding to how good or bad your own health is today, in your own opinion?

By placing a tick in one box in each question below, please indicate which statements best describe your own health state today.

4.9 Mobility

- ⁰¹ I have no problems in walking about
⁰² I have some problems in walking about
⁰³ I am confined to bed

4.10 Self-care

- ⁰¹ I have no problems with self-care
⁰² I have some problems washing or dressing myself
⁰³ I am unable to wash or dress myself

4.11 Usual activities (e.g. work, study, housework, family or leisure activities)

- ⁰¹ I have no problems with performing my usual activities
⁰² I have some problems with performing my usual activities
⁰³ I am unable to perform my usual activities

4.12 Pain / discomfort

- ⁰¹ I have no pain / discomfort
⁰² I have moderate pain / discomfort
⁰³ I have extreme pain / discomfort

4.13 Anxiety / depression

- ⁰¹ I am not anxious / depressed
⁰² I am moderately anxious / depressed
⁰³ I am extremely anxious/depressed

Your health

4.14 Which of the following best describes you?

- ⁰¹ Very underweight
⁰² Underweight
⁰³ About the right weight
⁰⁴ Overweight
⁰⁵ Very overweight
⁰⁶ I am not sure about my weight

4.15 How tall are you? (Answer in **either** centimetres **or** feet and inches)

centimetres **OR** feet inches

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

kilograms **OR** stone pounds

How to measure your waist

Note – it is different to belt size

- Take off your shirt and loosen your belt. Place a tape measure halfway between the bottom of your ribcage and the top of your hip bone.
- Measure waist circumference whilst breathing out and relaxed
- Don't answer this question if you are currently pregnant

4.17 What is your waist measurement? (Answer in **either** centimetres **or** inches)

centimetres **OR** inches

Health and happiness

4.18 Below are some statements about feelings and thoughts.

Please tick one box in each row that best describes your experience of each over the last 2 weeks.

Tick one box in each row

	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>
I've been feeling useful	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>
I've been feeling relaxed	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>
I've been dealing with problems well	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>
I've been thinking clearly	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>
I've been feeling close to other people	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>
I've been able to make up my own mind about things	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>

Eating habits

What counts as “one portion of fruit or vegetable”?

- ✓ **Yes:** fresh, frozen, canned, dried or cooked fruit or vegetables, including pulses, beans and lentils
- ✗ **No:** potatoes, chips, yams
- ▶ Only count fruit juice once, no matter how much you drink.

Examples of one portion size:

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

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

portions in the last 24 hours

4.20 How often do you eat the following types of meals?

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
Convenience food at home (e.g. ready meals, microwave meals)	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 & 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, 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"/>

Smoking

4.21 Which of the following best describes you? (*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

We are interested in your opinions and views about smoking.

4.22 Do you think smoking should be stopped in the following outside areas? (*Tick all that apply*)

- Parks
- Playgrounds
- Beaches
- Outside eating / drinking areas in pubs and restaurants
- Bus stops and taxi ranks
- Pedestrian shopping areas
- None of these

4.23 Would you support a law in Jersey to stop smoking in cars carrying children under 18 years old?

- 01 Yes
- 02 No
- 03 Don't know

Helping others

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

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

5.1 Using the definition above, are you a carer?

- ⁰¹ Yes ... ► go to the next question
⁰² No ... ► go to question 5.5 “Library”

5.2 Which, if any, of the following support or services would you find helpful in carrying out your caring role?

(Tick all that apply)

- Carer’s support groups
 Training for carers
 Respite services
 Carer’s assessment to establish what services were needed
 Practical support
 Information and advice
 Other, *please specify*: _____
 None, I don’t require support / services

5.3 Where would you prefer to find information to help you in your role as a carer?

(Tick up to three)

- Carers Centre (at the General Hospital)
 Local charities
 Internet / websites
 Parish Hall
 GP surgery
 States of Jersey departments
 Citizen’s Advice Bureau
 Discharge from hospital
 Other, *please specify*: _____

5.4 What information and advice would you find helpful in your role as a carer?

(Tick all that apply)

- Information about support groups
 Medical information about the condition of the person you care for
 Information about other organisations providing services
 Information on support to remain in paid work or return to paid work
 Information about benefits
 Information on further education opportunities
 Other, *please specify*: _____

Library

5.5 The Jersey library service offers a home delivery service for housebound people. How useful would this be to you or members of your household?

- ⁰¹ Very useful
⁰² Quite useful
⁰³ Not required

Volunteering

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

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

5.6 In the **last 12 months**, have you spent any time volunteering in the following areas?
(Tick all that apply)

- Health and disability (including elderly)
 Religion / church
 Culture, heritage or environment
 Local community or neighbourhood groups
 Education (children or adults)
 Sport / recreation
 Other charities
 Other, *please specify:* _____
 I have not done any volunteering ... ▶ *go to next section - "Charities"*

5.7 In the last **12 months**, approximately how often did you volunteer?

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

5.8 In the last 12 months have you taken part in a volunteering activity organised or supported by your employer as part of a workplace scheme?

- ⁰¹ Yes
⁰² No

5.9 In the **last 4 weeks**, how many hours have you spent volunteering in the following areas?

- *Enter '0' if none*

Sports activities or organisations..... hours in last 4 weeks
Arts and theatre volunteering..... hours in last 4 weeks
School helper..... hours in last 4 weeks
Other charities hours in last 4 weeks
Other volunteering, *please specify:*..... hours in last 4 weeks

Charities

In Jersey if you donate £100 or more in one lump sum to a local charity, both you and the charity could receive tax relief.

► By local charity, we mean any charity with a presence in Jersey, even if they work in other countries.

5.10 Did you know that tax relief was available for some local charity donations?

⁰¹ Yes

⁰² No

5.11 If you could claim back the tax on any local charity donation, would it encourage you to donate to local charities rather than charities based elsewhere?

⁰¹ Yes

⁰² No

⁰³ Don't know

Medical services

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

GP/ Family doctor..... times

Dentist..... times

6.2 Have you used any of the following internet or telephone services to find out **general health information**?

(Tick all that apply)

- Health advice phone line
- States of Jersey website www.gov.je
- UK Government website (e.g. NHS)
- Another website you trust for health queries
- General internet search
- None of these

6.3 Have you used any of the following internet or telephone services to get information about **specific symptoms**?

(Tick all that apply)

- Health advice phone line
- States of Jersey website www.gov.je
- UK Government website (e.g. NHS)
- Another website you trust for health queries
- General internet search
- On-line medical diagnosis service (where you post a message to a doctor)
- None of these

Medical services

6.4 To what extent do you agree or disagree that:

Tick one box in each row

	Strongly agree	Agree	Disagree	Strongly disagree
On-line and telephone medical services are useful for general health advice	<input type="radio"/> 01	<input type="radio"/> 02	<input type="radio"/> 03	<input type="radio"/> 04
On-line and telephone medical services are useful if I'm worried about symptoms and want to get answers quickly	<input type="radio"/> 01	<input type="radio"/> 02	<input type="radio"/> 03	<input type="radio"/> 04
I would use an on-line or telephone service to help me decide whether I need medical treatment	<input type="radio"/> 01	<input type="radio"/> 02	<input type="radio"/> 03	<input type="radio"/> 04

6.5 Are you registered with a GP in Jersey?

- 01 Yes ...▶ go to question 6.7
- 02 No ...▶ please answer the next question

6.6 Which of the following reasons best describe why you are not registered with a GP in Jersey?

(Tick all that apply)

- Don't know how to register
- Have not had time to register
- No need – generally in good health
- Can't afford to go to the doctor
- I haven't lived in Jersey long enough / don't intend to stay
- Don't like going to the doctor
- I access medical treatment elsewhere (e.g. abroad)
- Other reason, *please specify:* _____

6.7 Are you registered with a dentist in Jersey?

- 01 Yes ...▶ go to question 7.1 "Travelling to work"
- 02 No ...▶ please answer the next question

6.8 Which of the following reasons best describe why you are not registered with a dentist in Jersey?

(Tick all that apply)

- Don't know how to register
- Have not had time to register
- No need – generally no dental problems
- Can't afford to go to the dentist
- I haven't lived in Jersey long enough / don't intend to stay
- Don't like going to the dentist
- I access dental treatment elsewhere (e.g. abroad)
- Other reason, *please specify:* _____

Travelling to work

► If you do not work, go to question 7.4 “Facilities in Jersey”

7.1 How do you usually travel to work, the majority of the time? (*Tick one box only*)

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

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

► If you usually travel to work by car, van or taxi please answer the next question

► Otherwise go to question 7.3

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

<i>Tick one box on each row</i>	2 or more times a week	Once a week	At least once a month	Occasion- ally	Never
Walk	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Cycle	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Bus	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>

7.3 Do you work in town?

- 01 Yes
- 02 No

Facilities in Jersey

7.4 How do you rate the following in Jersey?

Tick one box in each row

	Very good	Good	Poor	Very poor	Don't know
Condition of the surfaces of <u>main</u> roads	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Condition of the surfaces of pavements	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>

7.5 How strongly do you agree or disagree with the following statement:

“The public is well informed about road resurfacing works”

- 01 Strongly agree
- 02 Agree
- 03 Disagree
- 04 Strongly disagree
- 05 Don't know

Facilities in Jersey

7.6 How have you previously found out about road works in Jersey? *(Tick all that apply)*

- States of Jersey website (www.gov.je)
- Dedicated radio traffic news
- News story (newspaper, radio, TV)
- JEP advert
- Letter
- Public exhibition
- Signs at site

7.7 How do you rate the following in Jersey?

Tick one box in each row

	Very good	Good	Poor	Very poor	Don't know
Cleanliness of roads and pavements	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Cleanliness of car parks	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Cleanliness of public toilets	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Cleanliness of main and fish market in town	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Cleanliness of promenades	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Cleanliness of beaches	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Cleanliness of piers and areas around the harbour buildings	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>

7.8 How do you rate the following in Jersey?

Tick one box in each row

	Don't use	Very good	Good	Poor	Very poor
Howard Davis Park	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Standard of Millbrook (Coronation) Park	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Standard of Millennium Town Park	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Standard of Sir Winston Churchill Park	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Standard of Gorey Gardens	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Standard of other public gardens	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Standard / quality of Railway Walk	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>

7.9 The Transport and Technical Services department aim to repair serious potholes on main roads within 48 hours of being made aware of them.

Do you think this length of time is.....

(Tick one only)

- 01 Very acceptable
- 02 Quite acceptable
- 03 Not very acceptable
- 04 Not at all acceptable
- 05 Don't know

Recycling

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

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

7.11 Which of the following would encourage you to recycle more?

(Tick all that apply)

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

7.12 If you would not consider recycling more, why is this?

(Tick all that apply)

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

Recycling

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

- ⁰¹ Yes
⁰² No
⁰³ Don't know

7.14 How do you recycle your household waste? Do you use...

Tick one box in each row

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

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

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

7.16 If you wanted to find out more information about how to recycle more of your household waste, what would you do?

(Tick all that apply)

- Contact the Recycling Officer
 Visit the States of Jersey website
 Contact (or visit) my Parish Hall
 Look at the local media
 Ask family / friends
 Other, *please specify*: _____
 Don't know
 None of the above

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

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

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

<i>Tick one box in each row</i>	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
I know what happens to the materials I recycle	<input type="radio"/> ⁰¹	<input type="radio"/> ⁰²	<input type="radio"/> ⁰³	<input type="radio"/> ⁰⁴	<input type="radio"/> ⁰⁵
I know what materials can and can't be recycled	<input type="radio"/> ⁰¹	<input type="radio"/> ⁰²	<input type="radio"/> ⁰³	<input type="radio"/> ⁰⁴	<input type="radio"/> ⁰⁵
I know where to find information about recycling in Jersey	<input type="radio"/> ⁰¹	<input type="radio"/> ⁰²	<input type="radio"/> ⁰³	<input type="radio"/> ⁰⁴	<input type="radio"/> ⁰⁵
I understand the environmental benefits of recycling	<input type="radio"/> ⁰¹	<input type="radio"/> ⁰²	<input type="radio"/> ⁰³	<input type="radio"/> ⁰⁴	<input type="radio"/> ⁰⁵

Careers

8.1 Have you heard of "Careers Jersey"?

- ⁰¹ Yes ... ► [please answer the next question](#)
- ⁰² No ... ► [go to "Family policy" section](#)

8.2 If yes, how have you heard about Careers Jersey? *(Tick all that apply)*

- Advertising (eg. bus station, posters)
- Internet (eg. gov.je, Facebook, Twitter)
- Events (Careers Fair, Higher Education Fair, Jobs Fairs)
- Directions magazine / Undergraduate newsletter
- Local media
- Another States of Jersey scheme
- Referral from non-States of Jersey agency
- Word of mouth
- Other, *please specify*: _____

8.3 Have you accessed information, advice or guidance from Careers Jersey in the last **3 years**? *(Tick all that apply)*

- I have not accessed any information or services
- Over the phone / email
- One-to-one appointment (in person)
- Group workshop or talk
- Online
- Careers Jersey social media pages (eg. Facebook & Twitter)
- Other, *please specify*: _____

8.4 If you haven't used any Careers Jersey services in the last **3 years**, why not?

(Tick all that apply)

- No need
- I used other sources of information and / or help
- I thought it was only available to those still in education
- I thought it was only available to people who were unemployed
- I wasn't aware of the services provided
- Other, *please specify:* _____

Family policy

► If you are a parent to any children under the age of 16 and are currently involved in their care please answer this section.

► Otherwise go to question 9.1 "Getting involved"

8.5 Which of the following best describes your current situation? *(Tick one only)*

- ⁰¹ I am currently on maternity / paternity leave ... ► go to question 8.8
- ⁰² I am currently employed ... ► go to question 8.8
- ⁰³ I am not currently employed ... ► go to the next question

8.6 When do you currently plan to return to work?

- ⁰¹ Within the next 12 months
- ⁰² 1-2 years
- ⁰³ 3-4 years
- ⁰⁴ 5 years or more
- ⁰⁵ Never – I don't intend to return to work

8.7 What is the **main** reason that prevents you from returning to work?

(Tick one only)

- ⁰¹ Cost of care for your child(ren)
- ⁰² Want to raise child(ren) personally
- ⁰³ Health reasons
- ⁰⁴ Nothing (don't need / want to work)
- ⁰⁵ Other, *please specify:* _____

8.8 Which one of the following, if any, would be **most important** in making working easier for you or encouraging you to return to work?

(Tick one only)

- ⁰¹ More opportunities to take child related unpaid leave
- ⁰² Flexible work
- ⁰³ Cheaper childcare
- ⁰⁴ Longer periods of maternity/paternity leave
- ⁰⁵ After school, breakfast or holiday clubs
- ⁰⁶ Nothing
- ⁰⁷ Other, *please specify:* _____

Getting involved

9.1 Did you vote in the Jersey elections in October 2011?

- ⁰¹ Yes ... ► go to question 9.4
⁰² No
⁰³ Can't remember
-

9.2 What was your main reason for not voting in October 2011? *(Tick all that apply)*

- I was not eligible to vote
 I could not get to a polling station
 I don't understand the political system in Jersey
 I didn't know where or when to vote
 I deliberately decided not to vote ... ► go to the next question
 Other reason, *please specify:* _____
-

9.3 If you deliberately decided not to vote, for what reasons was this? *(Tick all that apply)*

- I was not interested in the election
 There was no one who I wanted to vote for
 I didn't know enough about the candidates
 I wouldn't have made a difference to the election result
 I was unsatisfied with the quality of the candidates
 My vote wouldn't change things in Jersey
 I don't trust the political system in Jersey
 Other reason, *please specify:* _____
-

9.4 Did you know that registered voters could have voted during the 3 week period before election day (a pre-poll vote)?

- ⁰¹ Yes
⁰² No
-

An Island-wide referendum took place in Jersey on 24 April 2013 on the future make-up of the States Assembly.

9.5 Did you vote in the Jersey referendum in April 2013?

- ⁰¹ No ... ► go to the next question
⁰² Yes ... ► go to question 9.7
⁰³ Can't remember ... ► go to question 9.7
-

9.6 What were your reasons for not voting in the referendum? *(Tick all that apply)*

- I was not eligible to vote
 I didn't know where or when to vote
 It was too complicated
 There were no options that I wanted to vote for / reflected my views
 I didn't know enough about the options
 My vote wouldn't have made a difference
 I was not interested
 Other reason, *please specify:* _____
-

Getting involved

9.7 In the last **12 months** have you done any of the following?

(Tick all that apply):

- Voiced your opinion to a politician or government official
- Held a voluntary role within your Parish (e.g. Honorary Police, Roads Inspector, etc.)
- Signed a petition (including an email or on-line petition)
- Taken part in a lawful public demonstration
- Boycotted (avoided) certain products
- I have not done any of these

9.8 Do you have confidence in the following institutions in Jersey?

Tick one box in each row

	Yes	No	Don't know
Government	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Judicial system and courts	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Media	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>

9.9 Have you taken part in any States of Jersey public consultations in the last 12 months?

- 01 Yes ...▶ go to question 9.12
- 02 No ...▶ go to the next question

9.10 For what reasons have you not taken part in any government consultations in the last 12 months?

(Tick all that apply)

- I was not aware of any consultations
- I chose not to contribute
- It was too complicated
- It was too time consuming
- My views would not have made a difference
- Not relevant to me
- I was not interested
- Other reason, *please specify:* _____

9.11 Which of the following, if anything, would encourage you to take part in a government consultation in the future? *(Tick all that apply)*

- More on-line surveys
- Invitation to take part (e.g. by post or email)
- Less documentation to read
- More publicity
- Nothing
- Other, *please specify:* _____

9.12 Did you know that you can sign up on the States website (www.gov.je) to receive emails about the latest public consultations?

- 01 Yes
- 02 No

Lodgers

To ensure our findings represent everyone we need to survey members of the whole population. It is important that people in lodging accommodation have the opportunity to take part in the survey, so please can you indicate if there are any lodgers living at your address.

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

How many lodgers live in your property? (Enter '0' if none)

Lodgers

Any information you give is anonymous and will be treated in the **strictest confidence**.

Thank you for taking the time to fill out the Jersey Annual Social Survey.
Your response is very important to us.

The results will be published towards the end of 2013 on www.gov.je/statistics

Do you have any other comments?

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

Business reply service
Licence No: J.E. 65
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You can find out more about the Statistics Unit and our other projects and publications at www.gov.je/statistics.