THE STATISTICS UNIT



JERSEY ANNUAL SOCIAL SURVEY

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

1 September 2005

Dear Sir/ Madam,

Jersey Annual Social Survey

As you are hopefully aware, over the past year the Statistics Unit has been working to improve the information available about Jersey and making it accessible via the internet at www.gov.je/statistics.

Better quality social statistics are needed for policy making. To achieve this we have been working with other States Departments to develop a new **Jersey Annual Social Survey**. By working together we are able to collect information in a more efficient and cheaper way and limit the number of times individuals are contacted to complete surveys.

The Jersey Annual Social Survey covers a wide range of issues chosen by individual departments which allows them to better serve the people of Jersey.

Your household has been selected at random. 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 16 years or older and who has the next birthday.

I would appreciate it if the completed form can be returned to the Statistics Unit by **Friday 23 September 2005**. A pre-paid envelope is enclosed for 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.

If you have any questions relating to completing the questionnaire, or wish to discuss any aspect of the survey, please contact Dave Jenner, tel: 603426.

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

Se necessitar de algum esclarecimento relacionado com este questionário, e favor de contatar au Contact Centre através do telefone 712712.

Yours faithfully

Duncan Millard Head of Statistics

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**Ref: J05 **

JERSEY ANNUAL SOCIAL SURVEY

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

Please note that all data will be treated with the **strictest confidence**.

Information provided by individuals will **not be passed** to anyone outside of the Statistics Unit.

| Section 1: About You | | | | | | | | | |
|----------------------|--|--|--|--|--|--|--|--|--|
| 1.1 | Are you? (Please tick) Male Female | | | | | | | | |
| 1.2 | In which year were you born? | | | | | | | | |
| 1.3 | What is your marital status? (Please tick one box only) | | | | | | | | |
| | Single (never married) | | | | | | | | |
| | Married (first marriage) | | | | | | | | |
| | Re-married | | | | | | | | |
| | Separated (but still legally married) | | | | | | | | |
| | Divorced | | | | | | | | |
| | Widowed | | | | | | | | |
| 1.4 | Where were you born? (Please tick one box only) | | | | | | | | |
| | Jersey | | | | | | | | |
| | Elsewhere in the British Isles or the Republic of Ireland - see Note (a) | | | | | | | | |
| | Portugal/Madeira | | | | | | | | |
| | Other European country, (Please specify country) | | | | | | | | |
| | Elsewhere, (Please specify country) | | | | | | | | |
| Note (a) | 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). | | | | | | | | |
| | At birth or In (year) | | | | | | | | |

| Emplo | oyment details | |
|-------|--|---|
| 1.6 | Are you currently? (Please tick the one box which is mos | t appropriate to you) |
| | Working for an employer | Retired |
| | Self employed, employing others | In full-time education |
| | Self employed, not employing others | A homemaker |
| | Unemployed, looking for work | Other (Please specify) |
| | Unable to work due to long term sickness/disability | |
| | | |
| 1.7 | In which industry do you work? (Please tick the one b | ox which is most appropriate to you) |
| | Agriculture and fishing Finance (inclu | ding legal work) |
| | Construction and tradesmen Public sector | |
| | | communications ey Airport, Harbours, Post & Telecom) |
| | Hotels, restaurants and bars | city, Jersey Gas or Jersey Water |
| | Other (Please specify) | |
| 1.8 | How many hours per week do you usually work in y (Do not count overtime and meal breaks) | our main job? |
| | Number of hours worked per week . | |
| | | |
| 1.9 | In your main job, what type of contract are you on? | (Please tick one box only) |
| | Permanent Contract less than 1 years | ear Contract 1 to 5 years |
| | Seasonal Other (e.g. weekend/occasional work et | c.) |
| About | t your household | |
| | | 9 (D) (C) (C) |
| 1.10 | What type of property does your household occupy | (Please tick one box only) |
| | Bedsit | Flat/maisonette |
| | Semi-detached/terraced house | Detached house/bungalow |

| 1.11 | What is the type of accommodation? (Please tick one box only) | |
|-----------|---|----------------------------------|
| | Owner occupied Sheltered/disabled see Note (b) Old ped | ople's/retirement home |
| | States/Parish rent Housing trust rent Private | rent (qualified sector) |
| | Staff/service Lodger paying rent in private household Register | ered lodging house |
| Note (b). | Sheltered/disabled housing is housing designed so that the elderly or phindependently. Such homes are usually built in groups and provided with facilities. | |
| 1.12 | How many bedrooms are there for use by your household? (Ple | ase tick one box only) |
| | One Two Three Four | Five or more |
| 1.13 | How many people, <i>including yourself</i> , live in your household? (Please enter numbers in boxes below, excluding any paying lodgers). | |
| | Adults (aged 16 or over) | |
| | Of which are pensioners (aged 65 or over) | |
| | Children aged 0 to 4 | |
| | Children aged 5 to 10 | |
| | Children aged 11 to 15 | |
| 1.14 | Which type of housing qualifications does the main householder has been been also been been been been been been been bee | nave? (Please tick one box only) |
| | Residentially qualified (a-h category) see Note (c) | |
| | Essentially employed, approved by the Housing Committee (j categories) | ory) |
| | Residentially qualified (k category) | |
| | Not residentially qualified | |
| Note (c): | : A person who is qualified under the Jersey Housing Law and entitled to pu | rchase a property in Jersey. |
| | | |
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| Sect | tion 2: Health and Lifestyle |
|------|---|
| Gene | eral Health |
| 2.1 | Over the last 12 months, would you say your health on the whole has been? (Please tick one box only) Good Fairly good Not good |
| 2.2 | Po you consider that you have a long term health problem/disability? Yes What is your main long term health problem/disability No |
| 2.3 | Which statement best refers to your employment situation? (Please tick one box only) |
| | I would like a job, but have not got one because of my long term health problem/disability |
| | I am in work, but my long term health problem/disability has limited my choice of jobs |
| | I have a long term health problem/disability, but it has not affected my ability to work |
| | I am retired and am not looking for a job |
| | I am below retirement age, but I am not looking for a job |
| | Other (Please specify) |
| 2.4 | My long term health problem/disability causes me serious difficulties in: (Please tick all which apply) Getting out and about Having a job My family life My social life Education No difficulties |
| 2.5 | In what areas of everyday living do you have to spend more money because of your long term health problem/disability? (Please tick all which apply) Food Clothing Electricity/heating Transport Medical costs Care Other (Please specify) None |

| 2.6 | How many times have you <i>visited a doctor</i> (Please estimate if you are not sure) | for yourself | only) in t | he last 1 | 2 months | s?) times | | | |
|------|--|------------------|-------------|------------|----------|---------------|--|--|--|
| 2.7 | How many times have you called a doctor to your home (for yourself only) in the last 12 months? (Please estimate if you are not sure) times | | | | | | | | |
| 2.8 | Do you think the cost of visiting a doctor is | : (Please tick o | ne box onl | y) | | | | | |
| | Good value for money | | | | | | | | |
| | About right | | | | | | | | |
| | Expensive, but worth it | | | | | | | | |
| | Expensive, so I only go when I really have to | | | | | | | | |
| | So expensive that it prevents me from going | | | | | | | | |
| | I am exempt through Health Insurance Exempt | ion (HIE) | | | | | | | |
| | Don't know | | | | | | | | |
| 2.9 | Does the cost of other types of health care of the cost of other types of health care of the cost of other types of health care of the cost of other types of health care of the cost of other types of health care of the cost of other types of health care of the cost of other types of health care of the cost of other types of health care of the cost of other types of health care of the cost of other types of health care of the cost of t | _ | | | | | | | |
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| 2.10 | How many times in the last year have you a related issues including how to manage you (Please estimate if you are not sure) | | | t for advi | ce on he | alth) times | | | |
| Smok | ing | | | | | | | | |
| 2.11 | Which of the following best describes you? | (Please tick or | ne box only | ') | | | | | |
| | I have never smoked/I don't smoke | | | | | | | | |
| | I used to smoke occasionally, but don't now | | | | | | | | |
| | I used to smoke daily, but don't now | | | | | | | | |
| | I smoke occasionally, but not every day | | | | | | | | |
| | I smoke daily | | | | | | | | |

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| 2.12 | If you smoke every day , how much do you smoke on average <i>per day</i> ? |
|------|--|
| | Number of cigarettes <i>per day</i> |
| | Number of cigars <i>per day</i> |
| | Ounces of tobacco <i>per day</i> |
| 2.13 | If you smoke occasionally, how much on average do you smoke per week? |
| | Number of cigarettes <i>per week</i> |
| | Number of cigars <i>per week</i> |
| | Ounces of tobacco per week |
| 2.14 | Would you like to stop smoking? Yes No |
| 2.15 | Have you made a serious attempt to stop smoking in the past 12 months? Yes No |
| 2.16 | Are you aware that there is a service in Jersey to help people stop smoking? Yes No |
| 2.17 | How worried are you about inhaling other people's smoke? (Please tick one box only) |
| | A great deal Quite a lot A little Not at all Don't know |
| | |
| 2.18 | Would you support a ban on smoking in all public places and enclosed workplaces such as offices, shops, pubs, restaurants, nightclubs, cinemas, etc? (Please tick one box only) Yes |
| 2.19 | In your opinion, should any enclosed workplace be exempt from a smoking ban? (Please tick one box only) |
| | Yes Don't know |
| | If yes, please specify which |
| Diet | |
| 2.20 | How many portions of fruit and vegetables do you think health experts recommend you eat every day? (Please enter number in box) |

| 2.21 | How many portions of the following foods have you eaten in the last 24 hours? (Please tick one box in each of parts a to c below) a) Portions of <i>fruit</i> (including raw, canned, dried, cooked, but excluding fruit juice) | | | | | | | | |
|------|---|---------------------------------|-------------------------------------|----------------------|------------------|----------------|---------------------|--|--|
| | A portion is | • | e 1 apple, 1 ora | ange, 1 banana | | • • | lf tablespoon dried | | |
| | None | One | Two | Three | Four | Five | More than five | | |
| | (excluding A portion is | • | ncluding any ot e a bowl of sala | her fresh, froze | en or canned ve | • , | spoons of broccoli, | | |
| | None | One | Two | Three | Four | Five | More than five | | |
| | c) Small gla | ss of pure fr | uit or vegeta | ble juice? (e | xcluding diluted | squash or cord | lial drinks) | | |
| | None | One | Two or more | | | | | | |
| Wei | ght | | | | | | | | |
| 2.22 | Which of | the following | g best descri | bes you? (Ple | ease tick one bo | ox only) | | | |
| | I am unde | erweight | | | | | | | |
| | I am abou | it the right wei | ight | | | | | | |
| | I am a littl | e overweight | | | | | | | |
| | • | overweight | | | | | | | |
| | I am not s | sure about my | weight | | | | | | |
| 2.23 | | nately how ta answer either | • | in feet and inc | hes. | | | | |
| | • | metres | or | | feet | inches | | | |
| 2.24 | | nately how he answer in eith | • | | pounds. | | | | |
| | • (| kilos | or | | stone | pounds | | | |
| | | | | | | | | | |

| Sect | ion 3: Le | isure Acti | ivity | | | | 3.6 | Would you | u say that yo | ou are: (F | Please tick o | ne box only) | | |
|-----------|---|---------------------|---|-------------------------|---------------------------|--------------------|------|--------------|--------------------------|------------|---------------------|--------------------------------------|-------------------|----------------|
| 3.1 | Please indic | cate the number | er of times a we | ek that you norma | Ily undertake mo | oderate intensity | | | cally active | | | | | |
| | | | | r 30 minutes or lor | nger (this may b | e built up in | | | sically active | | | | | |
| A. ((1) | - | |). (Please tick one | • • | | | | Not very pl | hysically acti | ve | | | | |
| Note (d) | | | ort in which you pa gyms, golf, keep | articipate through a cl | lub and also activit | ies involving the | | Not at all p | ohysically act | ive | | | | |
| | use or public | iaciiilles sucii as | gyms, gon, keep | nt, Swirinning. | | | | | | | | | | |
| | None Once Twice Three times Four times Five or more | | | | | 3.7 | - | | | | physical activity o | | - | |
| | | | | | | | | | ommena yo 0 minutes)? | | | to maintain/promo or I don't know | | nealth (to the |
| | | | | | | | | nearest re | o minutes): | | Williates | or radiff know | | |
| 3.2 | | _ | normally conti | nue for longer tha | n 60 minutes? | | | | | | | | | |
| | (Please tick o | ne box only) | | | | | Use | of Parks | | | | | | |
| | None | Once | Twice | Three times | Four times | Five or more | | | | | | | | |
| | | | | | | | 3.8 | How often | n do you visi | it any of | these park | s? (Please tick one | box in each row) | |
| 3.3 | In addition | to the above, p | please indicate | the number of tim | es a week that y | you normally | | | | | | | | |
| | | - | erate physical a | activity (see Note (| (e)) for 30 minute | es or longer. | | | | | | | | |
| Note (e) | (Please tick of This includes | • , | k as part of your io | bb and also independe | ent physical activity | such as cycling to | | | | | | | | |
| 11010 (0) | | | | ng, swimming in the se | | | | | | | | | | |
| | None | Once | Twice | Three times | Four times | Five or more | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 3.4 | How often of (Please tick of | | normally conti | nue for longer tha | n 60 minutes? | | | | | | | | | |
| | • | • / | Tuiss | Thursday | | Fi | 3.9 | What is th | ne usual reas | son that | you use th | e parks? (Please tid | ck one box only) | |
| | None | Once | Twice | Three times | Four times | Five or more | | To sit | То | To look a | at T | o take the | For entertainment | As a |
| | | | | | | | | and relax | walk | the plan | ts chi | ldren to play | eg. music, film | shortcut |
| 3.5 | Which of th | e following lei | sure activities | do you enjoy doin | g? (Please tick on | e box in each row) | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | Use | of Markets | S | | | | | |
| | | | | | | | 2.40 | How offers | , de veu else | | town field | manifesta (Diagon tia | -l h l) | |
| | | | | | | | 3.10 | now often | - | | | market? (Please tid | - | |
| | | | | | | | | Daily | More than once a wee | | Once a week | Once or twice a month | Hardly ever | Never |
| | | | | | | | | | | | | | | |
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| 3.11. | Why do you shop at the town fish market? (Please tick up to two | main reasons) |
|-------|---|------------------------------------|
| | To buy To buy Because they Convenient To support To eat fresh local have a location the local at produce produce wide selection in town markets restaurants | Other reason, please specify |
| 3.12 | How often do you shop at the town fruit and vegetable marke | t? (Please tick one box only) |
| | Daily More than Once Once or twice a month | Hardly Never |
| | | |
| 3.13 | Why do you shop at the town fruit and vegetable market? (Ple | ase tick up to two main reasons) |
| | To buy To buy Because they Convenient To support To visit fresh local have a location the local speciality produce produce wide selection in town markets shops | Other reason, please specify |
| | | |
| | | |
| 3.14 | If you do not shop at the town markets, please tick one box to | indicate the main reason. |
| | Produce Location Difficulty Don't like to Don't do too not of carry shopping food expensive convenient parking through town shopping | Other reason, please specify |
| | | Ороспу |
| Use | e of Library | |
| | | |
| 3.15 | Do you have a valid library card for the States of Jersey librar | ies? |
| | Yes No | |
| 3.16 | When did you last visit one of the States of Jersey public libration (Please tick one box in each row) | aries? |
| | | |
| | | |
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| | | |
| | | |

| Loans of books | Loan of music | Reference section | Study area | Photocopy service | Internet access | Readi newspar magazi | pers/ | ı | Other, please specify |
|--|--|---|--|------------------------------|------------------|----------------------------|-----------|--------|-----------------------------|
| | | | | | | | | | |
| • | | se the libr | - | /ice regula | ly, pleas | e can yo | ou tell u | ıs why | not? |
| Too busy | , not en | ough time | | | | | | | |
| I don't kn | iow wha | at the libra | ry offers | | | | | | |
| The oper | ning hou | urs are not | conven | ient | | | | | |
| Location | of librar | ries is not | conveni | ent | | | | | |
| I buv all i | my bool | ks, magazi | ines and | l newspapeı | S | | | | |
| | | | | | | | | | |
| • | Interne | t at home | or work | for my infor | mation ne | eeds | | | |
| I use the Other (Pl | ease spe | ecify) | ervice i | for my infor | e, which | of the fo | | | possible |
| I use the Other (Pl | ease spe | ecify) | ervice i | n the future | e, which | of the fo | | | possible |
| I use the Other (Plane) To improve | ove the ments v | ecify) | ervice i | n the future | e, which | of the fo | the lib | rary? | possible |
| I use the Other (Plane) To improve improve Later nig | ove the ments which the open | Library so | ervice ii ke a dif | n the future | e, which | of the fo | the lib | rary? | |
| To improve | ease spender and the spender a | Library sewould ma | ervice in ke a dif ne week | n the future ference to v | e, which | of the fo | the lib | rary? | |
| To improve | ease special power the ments when the open longer and old wice | Library so would ma | ervice in ke a dif ne week | n the future ference to v | e, which | of the fo | the lib | rary? | |
| To improimprove Later nig Opening Staff help Wider rai | ht open longer a | Library so would ma | ervice in ke a diff ne week ds g and in | n the future ference to v | e, which | of the fo | the lib | rary? | |
| To improve improved Later nig Opening Staff help Wider ran More cop | ht open longer a bles of poies | Library so would ma | ervice in ke a diff ne week ds g and in | n the future ference to v | e, which | of the fo | the lib | rary? | |
| To improve improved Later nig Opening Staff help Wider ran More cop | ht open longer a blees of poies of powers. | ing on son at weeken oooks oopular books | ervice in ke a difference week ds g and in oks | n the future ference to v | e, which whether | of the fo | the lib | rary? | |
| To improve imp | ht open longer a bles of pwspaper ry times | ing on son at weeken oooks oopular books | ervice in ke a difference week ds g and in oks | days formation | e, which whether | of the fo | the lib | rary? | |
| To improve improved Later nig Opening Staff help Wider ran More cop More new More sto | ht open longer a bles of possible of possi | ing on son at weeken oooks oopular books and mags, activities | ervice in ke a difference week ds g and in oks gazines and ever ailability | days formation | e, which whether | of the fo | the lib | rary? | |

| Gam | bling | | | | | | |
|------|---------------------------------|-----------------------|------------------------------|-----------------------|----------------------------|-------------------|-----------------------------|
| 3.20 | | | oximate number | | - | r that you hav | e undertaken |
| | | | | | | | |
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| | | | | | | | |
| 3.21 | Do you think | that the co | ntrols for gam | bling in Je | rsey are: (Plea | ase tick one box | only) |
| | Much too loose | A little too loose | Just about right | | A little oo tight | Much too tight | No opinion |
| | | | | | | | |
| 3.22 | How has you | | wards gamblii | ng change | d during the p | ast 10 years? | |
| | More positi towards gam | | More negative towards gamble | | My attitude is unchanged | | |
| | towards garm | biirig | Cowards gamble | iiig | unchanged | | |
| 3.23 | What are you | | ut fruit machi | nes being a | available in ba | rs/clubs in Je | rsey? |
| | Disagree stro | • | gree slightly | | Agree sli | | ee strongly |
| | with fruit macl in bars/clul | | ruit machines bars/clubs | No opinion either way | with fruit ma in bars/c | | ruit machines bars/clubs |
| | | | | | | | |
| 3.24 | If fruit mach | | ailable in bars box only) | clubs in J | ersey, how of | en do you thin | nk you would |
| | E | Several | 0 | Once or | Once or | Less than | |
| | Every day | times a week | Once a a week | twice a month | twice a year | once a year | Never |
| | | | | | | | |
| 3.25 | Are there an | y other form | s of gambling | which you | would like to | see introduce | d in Jersey? |
| | Yes | If so, what | | | | | No |

Section 4: Travel and Transport

In the table below, please can you detail all journeys (e.g. to and from work, at lunchtime, to the shops, to pick up children, social travel etc.) which you have made in the previous 24-hours covering a week day.

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

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 children off at school, then into town to go shopping) please include each stage on a separate line. An example is shown in the table below.

NOTES: Purpose of Journey: please provide a simple description of the journey, e.g. "to work", "take child to school".

From and To: please provide names of the places where your journey started and finished, e.g. from "Home" and some details of the destination, such as name of school or location of place of work.

Mode: please list type of transport e.g. walk, cycle, motor bike, bus, own car, shared lift in someone else's car van taxi

| Cise's Cai, Vaii, taxi. | | | | | | | | | | | |
|-------------------------|--|--|--|--|--|--|--|--|--|--|--|
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| 1.2 | What influences the way you travel to work/school/college? (Please tick no more than three boxes) |
|-----|---|
| | Availability of car |
| | No car |
| | Parking space |
| | Cost of travel |
| | Opportunity to exercise |
| | Car needed for work |
| | Need vehicle for carrying heavy/bulky items |
| | Quickest by car |
| | Quickest by bike |
| | Walking/cycling impossible due to physical disability |
| | Too far to walk or cycle |
| | Need to drop off children/family |
| | Convenience of public transport |
| | Environmental reasons |
| | Other (Please specify) |
| 4.3 | How many of the following vehicles are available for use by anyone in your household? (Please enter number of vehicles in each box). Cars Vans Motorcycles Adult bicycles |
| 1.4 | How often do you travel by car or van, either as a driver or as a passenger? (Please tick one box only) |
| | Several Once or Once or Every times Once a twice twice day a week a week a month a year Never |
| | |
| 4.5 | For what purpose are the journeys you mostly make by car or van? (Please tick all which apply) |
| | To and To and To and To visit For social Main Other, from from a school from friends or or leisure form of please work or college the shops relatives reasons transport specify |

| 4.6 | What would e | ncourage you | to use the c | ar or | van less? (Pleas | e tick all which apply | () |
|-----|------------------|---------------------------------------|--------------|--------|----------------------|------------------------|------------|
| | Better school t | ransport | | | | | |
| | Flexible workir | ng hours | | | | | |
| | Improved bus | services | | | | | |
| | Better paveme | nts | | | | | |
| | More cycling fa | acilities | | | | | |
| | More expensiv | e parking | | | | | |
| | More traffic co | ngestion | | | | | |
| | Helping the en | vironment | | | | | |
| | Nothing | | | | | | |
| | Other (Please s | specify) | | | | | |
| | | | | | | | |
| 4.7 | How often do | you walk for r | more than 10 |) min | utes? (Please tick | one box only) | |
| | , | everal times | Once | | Once or | Once or | Marra |
| | day | a week | a week | | twice a month | twice a year | Never |
| | | | | | | | |
| | | | | | | | |
| 4.8 | | oose are the jo (Please tick all w | | most | ly make when yo | ou walk for more | than |
| | To and from w | ork | | | | | |
| | To and from a | school or collec | ge | | | | |
| | To and from th | e shops | | | | | |
| | To accompany | children or oth | er people | | | | |
| | To visit friends | | | | | | |
| | Simply for plea | asure/dog walki | ng | | | | |
| | As exercise, fo | or health reason | IS | | | | |
| | Main form of tr | ansport | | | | | |
| | Other (Please s | specify) | | | | | |
| | | | | | | | |
| 4.0 | What would a | DOOLING GO VOIL | to walk man | ••2 (D | | analy) | |
| 4.9 | | | | | lease tick all which | арріу) | |
| | | nts or footpaths | outside town | | | | |
| | More out of to | | | | | | |
| | Cheaper out o | | | | | | |
| | To adopt a hea | | | | | | |
| | Improved stree | | | | | | |
| | | ver personal sa | • | | | | |
| | • | as much as po | ossible | | | | |
| | Nothing – take | • | | | | | |
| | Nothing – othe | r reason, pleas | e specify | | | | |
| | | | | | | | |

| 4.10 | How often do you use public buses? (Please tick one box only) | |
|------|--|-------------------|
| | Every Several times Once Once or Once or day a week a week twice a month twice a year. | |
| | | |
| | | |
| 4.11 | For what purpose do you usually take the bus? (Please tick all that apply) | |
| | | 011 |
| | To and To and To accompany To Main For from from school from children or visit form of a night | Other, please |
| | work of college the shops other people friends transport out | specify |
| | | |
| | | |
| 4.12 | What would encourage you to use the bus more? (Please tick all which apply | v) |
| | то по | , |
| | More frequent service | |
| | Lower fares | |
| | Bus routes closer to home | |
| | Routes that go across the Island (not via town) | |
| | More expensive public parking | |
| | Higher costs of motoring | |
| | More traffic congestion | |
| | More bus shelters | |
| | Nothing | |
| | Other reason, please specify | |
| | | |
| 4.13 | How often do you cycle? (Please tick one box only) | |
| | Every Several times Once Once or Once or | |
| | day a week a week twice a month twice a ye | ear Never |
| | | |
| | | |
| | | |
| 4.44 | t Famulat manage da com manalla conta O (D) | |
| 4.14 | For what purpose do you usually cycle? (Please tick all that apply) | |
| | To and To and To and Main To Simply As exercise from from school from form of visit for for health | Other, |
| | work of college the shops transport friends pleasure reasons | please specify |
| | | |
| | | |
| | | |

| 4.15 | What would encourage you to cycle more? (Please tick all which apply) More cycle routes Changing facilities at work More covered cycle parking |
|------|---|
| | More traffic congestion Buses willing to carry bikes (uphill journeys) More expensive public parking Higher costs of motoring Nothing – cycle as much as possible Nothing – other reason, please specify Other reason, please specify |
| 4.16 | Do you own a private pleasure boat (exclude canoes, sailboards, jet-skis)? Yes, one Yes, more than one No |
| | |
| 4.17 | What is the boat's main method of propulsion? (Please tick one box only) Oar Sail Outboard engine Inboard engine |
| 4.18 | What is the length at the waterline of the boat? (Please tick one box only) Under 3 metres |
| 4.19 | Is the boat moored or on a trailer? Moored On a trailer |
| 4.20 | How often do you take the boat onto the open sea during the winter season (between October and April)? (Please tick one box only) |
| | Every Several times Once Twice Once Once every once every day a week a week a month wo months two months |

| 4.21 | How often do you take the boat onto the open sea during the summer season (between May and September)? (Please tick one box only) | 5.4 | What is/do you expect to (Please tick all which apply) |
|------|---|-----|--|
| | Less than | | Own Jersey social security |
| | Every Several times Once Twice Once Once every once every day a week a week a month a month two months two months | | Spouse's/partner's Jersey s |
| | | | Own social security pension |
| | | | Spouse's/partner's social se |
| 4.22 | What activity do you usually use the boat for? (Please tick one box only) | | Own occupational pension |
| | General Leisure Commercial Going Going to other pleasure fishing fishing to France Channel Islands Racing | | Spouse's/partner's occupat |
| | | | Own private pension |
| | | | Spouse's/partner's private p |
| 4.23 | Have you been deterred from buying a pleasure boat due to a lack of mooring space? | | Own earnings from paid wo |
| | Yes No Partly | | Spouse's/partner's earnings |
| | | | Sale of possessions |
| | | | Savings/investments |
| Se | ction 5: Pensions | | Raising money against valu |
| 5.1 | For people working or retired: How much thought did you, or are you giving, to making arrangements for an income for retirement? (Please tick one box only) | | Other (Please specify) |
| | A lot of thought | | 4 |
| | Some thought | 56 | ection 6: Policing in . |
| | Very little thought | 6.1 | How safe or unsafe do yo |
| | Not thought about it at all | | walk of your home)? (Ple |
| 5.2 | Do you currently have, or have you had in the past, any of the following pension schemes? (Please tick all which apply) Private/personal pension Occupational/employer's pension | | Very safe Fairly |
| | None of the above | 6.2 | How safe or unsafe do yo |
| | Don't know | 0.2 | (Please tick one box only) |
| | BOTT KNOW | | , |
| | | | Very safe Fairly |
| 5.3 | If you do not have a private/personal pension: What is the main reason that you do not have a private pension? Or if you have already retired, please give the main reason for not contributing to a private pension during your working life. (Please tick one box only) | | |
| | I am relying on my social security pension (from Jersey or another country) | 6.3 | • |
| | I am relying on my occupational pension | | the following has influence |
| | I am relying on spouse's/partner's pension | | |
| | I am relying on other sources of income | | |
| | Don't earn enough | | Personal experience of visi |
| | Can't afford to | | The experience of your fam |
| | Not working at the moment | | What you have seen or hea |
| | Too early to start a pension | | National media coverage of |
| | Not interested | | Other (Please specify) |
| | Don't know enough about pensions | | (|
| | Other (Please specify) | | |

| 5.4 | What is/do you expect to be your main source/s of income in retirement? (Please tick all which apply) |
|------|--|
| | Own Jersey social security pension |
| | Spouse's/partner's Jersey social security pension |
| | Own social security pension from another country |
| | Spouse's/partner's social security pension from another country |
| | Own occupational pension |
| | Spouse's/partner's occupational pension |
| | Own private pension |
| | Spouse's/partner's private pension |
| | Own earnings from paid work |
| | Spouse's/partner's earnings from paid work |
| | Sale of possessions |
| | Savings/investments |
| | |
| | Raising money against value of your home (equity release) |
| | Other (Please specify) |
| | |
| Sect | tion 6: Policing in Jersey |
| 5.1 | How safe or unsafe do you consider your neighbourhood to be (say within 5 minutes walk of your home)? (Please tick one box only) |
| | Very safe Fairly safe A bit unsafe Very unsafe Don't know |
| | |
| | |
| 5.2 | How safe or unsafe do you consider the town centre to be after dark? (Please tick one box only) |
| | Very safe Fairly safe A bit unsafe Very unsafe Don't know |
| | |
| | |
| 6.3 | Thinking about your answer to question 6.2, please indicate the extent to which each of the following has influenced your opinion? (Please tick one box in each row) |
| | Major Minor No Don't influence influence influence know |
| | Personal experience of visiting town centre after dark |
| | The experience of your family or friends |
| | What you have seen or heard in the local media |
| | National media coverage of street violence in the UK |
| | Other (Please specify) |
| | 5 (i. 10000 opcon)) |
| | |

| 6.4 | | How much of a problem is each of t | he follow | ing in . | lersey as a | whole? | | |
|-----|---|---|----------------|---------------|------------------|------------------|---------------|---------------|
| | | (Please tick one box in each row) | | | Major problem | Minor problem | Not a problem | Don't know |
| | Α | Anti-social behaviour by young people | | | | | | |
| | В | Burglary | | | | | | |
| | С | Drink-driving | | | | | | |
| | D | Domestic violence | | | | | | |
| | Е | Money laundering and major financial | crime | | | | | |
| | F | People dealing in drugs | | | | | | |
| | G | Speeding motorists | | | | | | |
| | Н | Street violence and disorder | | | | | | |
| | ı | Theft of or from vehicles | | | | | | |
| | J | Petty theft and shoplifting | | | | | | |
| | K | Vandalism and graffiti | | | | | | |
| | L | Other (Please specify) | | | | | | |
| | | most important problems for the po Jersey? (Please write your choice of letter some boxes blank if you wish). | ers, A to L, | from que | estion 6.4 in t | he boxes b | | |
| 6.6 | | To what extent do you agree or disa | gree with | the fo | llowing stat | ements: | | |
| | | • | Strongly agree | Tend to agree | Tend to disagree | Strongl disagre | - | |
| | | The relations between Jersey Police and the public are good | | | | | | |
| | | Jersey Police are in touch with the needs of the community | | | | | | |
| | | I am confident I would receive a good service from Jersey Police if I needed their assistance | | | | | | |
| | | | | | | | | |

| 6.7 | During the last twelve months, how good or poor a job do you think the States of Jersey Police have been doing in each of these areas of their work? (Please tick one box in each row) | | | | | | | | |
|------|---|--------------|-----------|------|--------------|---------------|--|--|--|
| | | Very poor | Poor | Good | Very good | Don't know | | | |
| | Catching people who sell illegal drugs | | | | | | | | |
| | Catching people who commit burglaries | | | | | | | | |
| | Catching people who commit violent crimes | | | | | | | | |
| | Promoting and enforcing road safety | | | | | | | | |
| | Tackling street violence and disorder in the town centre after dark | | | | | | | | |
| | Overall policing of the Island | | | | | | | | |
| Sect | ion 7: Public Services | | | | | | | | |
| 7.1 | How do you rate the following services in Jersey? (Please tick one box in each row; if not applicable to you plea | se tick 'l | Don't kno | ow') | | | | | |
| | | Very | | | Very | Don't | | | |
| | | poor | Poor | Good | good | know | | | |
| | Services provided by the public libraries | | | | | | | | |
| | Cleanliness of our beaches | | | | | | | | |
| | Cleanliness of our pavements and roads | | | | | | | | |
| | Cleanliness of our public toilets | | | | | | | | |
| | Condition of our roads | | | | | | | | |
| | Condition of our pavements | | | | | | | | |
| | Enough street lighting | | | | | | | | |
| | Enforcement of parking restrictions in town | | | | | | | | |
| | Adequacy of road signs | | | | | | | | |
| | Island-wide recycling bins | | | | | | | | |
| | La Collette green waste facilities | | | | | | | | |
| | Bellozanne waste facilities | | | | | | | | |
| | Availability of public parking in town for shopping | | | | | | | | |
| | Availability of public parking in town for work | | | | | | | | |
| | Management of road works | | | | | | | | |
| | The number of pedestrian crossings in town | | | | | | | | |
| | Availability of cycle parking | | | | | | | | |
| | Availability of motorcycle parking | | | | | | | | |
| | | | | | | | | | |

| 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 (f) | | | | | |
|---|--|--|--|--|--|
| No Yes If Yes, how many? | | | | | |
| Note (f): 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. | | | | | |
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