

# Jersey Annual Social Survey 2010

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



Dear Jersey resident,

27<sup>th</sup> May 2010

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

## Jersey Annual Social Survey in 2010

Please could the person in your household who has the next birthday (and is 16 years old or over) complete the questionnaire and return it to the Statistics Unit in the enclosed (freepost) envelope by 11 June 2010.

### Why it is important to respond

- Your responses not only represent you, but people and households like you in Jersey
- Your views will be used to inform policy decisions that will affect all Jersey residents
- Your opinions will help the government monitor and improve public services in Jersey
- Telling us about your activities will help government plan and develop services now and in the future

### Confidentiality

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

### Thank you

We would very much appreciate if you could send the survey back to the Statistics Unit by 11 June 2010. If you have **any questions** relating to completing the questionnaire, or would like to discuss any aspect of the survey, please contact Marguerite Clarke, tel: 440426.

**Thank you** in advance for your time.

Yours faithfully,

Dr Duncan Gibaut  
Head Statistician  
States of Jersey Statistics Unit  
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web: [www.gov.je/statistics](http://www.gov.je/statistics)

The survey is run **independently** by the Statistics Unit on behalf of other States departments. You can find out more about the Statistics Unit and our other projects and publications at [www.gov.je/statistics](http://www.gov.je/statistics).



## Section 1: About you

1.1 Are you? *(Please tick one box only)*

<sup>01</sup> ☐ Male

<sup>02</sup> ☐ Female

1.2 In what year were you born?

1.3 What is your marital status? *(Please tick one box only)*

<sup>01</sup> ☐ Never married

<sup>02</sup> ☐ Married (first marriage)

<sup>03</sup> ☐ Re-married

<sup>04</sup> ☐ Separated (but still legally married)

<sup>05</sup> ☐ Divorced

<sup>06</sup> ☐ Widowed

1.4 Where were you born? *(Please tick one box only)*

<sup>01</sup> ☐ Jersey

<sup>02</sup> ☐ Elsewhere in the British Isles\* or the Republic of Ireland

<sup>03</sup> ☐ Portugal or Madeira

<sup>04</sup> ☐ Poland

<sup>05</sup> ☐ Other European country *(please specify country: \_\_\_\_\_)*

<sup>06</sup> ☐ Elsewhere *(please 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)*

<sup>01</sup> ☐ At birth                      or                      In (year) \_\_\_\_\_

1.6 To which cultural and ethnic group do you consider you belong?

White:

<sup>11</sup> ☐ Jersey

<sup>12</sup> ☐ British

<sup>13</sup> ☐ Irish

<sup>14</sup> ☐ Polish

<sup>15</sup> ☐ Portuguese/Madeiran

Asian:

<sup>21</sup> ☐ Bangladeshi

<sup>22</sup> ☐ Chinese

<sup>23</sup> ☐ Indian

<sup>24</sup> ☐ Pakistani

<sup>25</sup> ☐ Thai

Black:

<sup>31</sup> ☐ African

<sup>32</sup> ☐ Caribbean

Other, or mixed:

<sup>41</sup> ☐ Please specify \_\_\_\_\_

## Employment – your main job

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

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

If you are not in employment please go to question 1.17 “About your Household”

1.8 Which industry do you work in for your main job? (Please tick the **one box** which is most appropriate to you)

- 01 ☐ Agriculture and fishing
- 02 ☐ Finance (including legal work)
- 03 ☐ Construction and tradesmen
- 04 ☐ Wholesale & retail
- 05 ☐ Transport & 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: \_\_\_\_\_)

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

- 01 ☐ **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
- 02 ☐ **Technical or Craft occupation**  
e.g. motor mechanic, fitter, inspector, plumber, printer, tool maker, electrician, gardener
- 03 ☐ **Clerical or intermediate occupation**  
e.g. secretary, personal assistant, clerical worker, office clerk, call centre agent, nursing auxiliary, nursery nurse
- 04 ☐ **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
- 05 ☐ **Middle or Junior Manager**  
e.g. office manager, retail manager, bank manager, restaurant manager, warehouse manager, publican
- 06 ☐ **Senior Manager**  
(usually responsible for planning, organising and co-ordinating work) e.g. finance manager - chief executive
- 07 ☐ **Not sure**

## Employment – your main job continued

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

(Do not count overtime and meal breaks)  per week

1.11 How many people work in your main place of employment?

<sup>01</sup> ☐ Less than 25 people

<sup>02</sup> ☐ 25 or more

1.12 Do you supervise any other employees in your main job?

<sup>01</sup> ☐ Yes

<sup>02</sup> ☐ No

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

\_\_\_\_\_

## Employment – additional jobs?

1.14 Do you currently do any other paid employment, *in addition to your main job*?

☐ Yes – for an employer

☐ Yes – self-employed

☐ No ..... please go to question 1.17

**If you answered yes, please answer the following questions about your additional job(s)**

1.15 How many additional jobs do you have? Please enter a number below, entering '0' if none

\_\_\_\_\_ part time jobs *in addition to my main job*

\_\_\_\_\_ full time jobs *in addition to my main job*

1.16 What sector(s) are your additional jobs in?

☐ Agriculture and fishing

☐ Finance (including legal work)

☐ Construction and tradesmen

☐ Wholesale & retail

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

☐ Private education or Private health

☐ Hotels, restaurants and bars

☐ Electricity, gas and water

☐ Public sector

☐ Other, (please specify: \_\_\_\_\_)

## About Your Household

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

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

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

- ☐ 01 Owner occupied
- ☐ 02 Sheltered/disabled\*
- ☐ 03 Old peoples/retirement home
- ☐ 04 States/Parish rent
- ☐ 05 Housing trust rent
- ☐ 06 Qualified Private rent
- ☐ 07 Staff/service accommodation
- ☐ 08 Lodger paying rent in private household
- ☐ 09 Registered lodging house
- ☐ 10 Other Non-qualified accommodation

*\*Sheltered/disabled housing is designed so that elderly or physically disabled people can live independently. The homes are often built in groups and provided with a warden or emergency call facilities.*

1.19 Does anyone in your household have residential qualifications\*? *(Please tick one box only)*

- ☐ 01 Yes ...please go to the next question
- ☐ 02 No ...please go to question 1.21

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

1.20 If yes, which residential category are they qualified under? *(Please 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 Housing Department)*
- ☐ K category *(consent given on social or economic grounds)*
- ☐ Don't know

1.21 Are there any members of your household who have moved to Jersey to live within the last 12 months?

- ☐ 01 Yes - *How many (including yourself)?* \_\_\_\_\_
- ☐ 02 No

## About Your Household continued

- 1.22 How many people, **including yourself**, live in your household?  
(Please enter numbers in boxes below, excluding any lodgers).

Adults (aged 16 or over)

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

Children aged 0 to 4

Children aged 5 to 10

Children aged 11 to 15

- 1.23 How many bedrooms are there for use by your household?

## Internet Access

- 1.24 Does your household have access to the internet?

- 01 ☐ Yes – broadband connection  
02 ☐ Yes – dial-up connection  
03 ☐ No

- 1.25 Which of the following States of Jersey online payment facilities would you use if they were available?

<b>Paying States of Jersey invoices for...</b>	<b>Not applicable to me</b>	<b>Yes – definitely</b>	<b>Yes – maybe</b>	<b>No</b>
... rent for States housing	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
... school fees	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
... care home fees	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
... cess pool emptying	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
... tipping charges	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>

## Section 2: Getting around in Jersey

2.1 How do you usually travel to work, the majority of the time? *(Please tick one box only)*

- 01 ☐ Motorbike/moped  
 02 ☐ Walk  
 03 ☐ Cycle  
 04 ☐ Bus  
 05 ☐ Taxi  
 06 ☐ I work from home / I live at place of work  
 07 ☐ I do not work  
 08 ☐ Car or van on my own  
 09 ☐ Car or van with other people

2.2 How often do you travel by bus?

- 01 ☐ Regularly  
 02 ☐ Sometimes  
 03 ☐ Never

## Parking in Jersey

2.3 How convenient is the paycard or season ticket payment system for public parking for you?

- 01 ☐ Very convenient  
 02 ☐ Convenient  
 03 ☐ Inconvenient  
 04 ☐ Very inconvenient

## Parking Control Officers

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

	Strongly agree	Tend to agree	Tend to disagree	Strongly disagree	Don't know
I think the Parking Control Officers do their jobs well	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
I am confident I would be treated fairly by a Parking Control Officer	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>



## Parking Control Officers continued

2.5 During the last 12 months, how do you think the Parking Control Officers have been doing in each of these areas? *(Please tick one box in each row)*

	Very good	Good	Poor	Very poor	Don't know
Directing traffic in an emergency	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Ensuring fair use of parking places in car parks	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Ensuring fair use of parking places on streets	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Reporting people who break the Parking Laws	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Booking people who park on a yellow line	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Keeping traffic flowing by minimising obstructions and tailbacks	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>

## Public Services in Jersey

2.6 How do you rate the following in Jersey?

	Very good	Good	Poor	Very poor	Don't know
Cleanliness of roads and pavements	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Cleanliness of public toilets in 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"/>

2.7 How do you rate the following in Jersey?

	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 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"/>

## Public Services in Jersey continued

2.8 How do you rate the following in Jersey?

	Don't use	Very good	Good	Poor	Very poor
Standard of Springfield Playing Field	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Standard of Les Quennevais Playing Field	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Standard of FB Fields	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Standard of other playing fields in the Island	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>

## Section 3: States of Jersey Police Service

3.1 How much do you agree or disagree with the following statements about the States of Jersey Police?

	Strongly agree	Tend to agree	Tend to disagree	Strongly disagree	Don't know
States of Jersey Police can be relied upon to be there if I need them	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
States of Jersey Police treat me with respect if I have contact with them for any reason	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
States of Jersey Police treat everyone fairly, regardless of who they are	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
States of Jersey Police would listen to me if I had a concern about local community safety	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
I am confident I would receive a good service from the States of Jersey Police if I needed their assistance	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
States of Jersey Police do a good job of policing Jersey	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>

## States of Jersey Police Service continued

3.2 How worried are you that you might become a victim of the following in the next 12 months?

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

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

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

3.4 How safe or unsafe do you feel when visiting St. Helier town centre at night?  
*(Please tick one box only)*

- 01 ☐ Always feel safe  
 02 ☐ Usually feel safe  
 03 ☐ Usually feel unsafe  
 04 ☐ Always feel unsafe  
 05 ☐ I don't visit the town centre after dark because I don't need to  
 06 ☐ I don't visit the town centre after dark because I don't feel safe

## Section 4: The Ambulance Service in Jersey

The following questions are about your **most recent** experience of the Ambulance Service in Jersey: this includes emergency and urgent ambulances and Patient Transport Services

4.1 In the last 12 months, have you dialled 999 for the ambulance service?

- 01 ☐ Yes ...please answer the next question
- 02 ☐ No ....please go to question 4.7

**If you answered yes, please answer the following questions about the 999 call to the ambulance service.**

4.2 Where were you when you called the ambulance?

- 01 ☐ At my home
- 02 ☐ At someone else's home
- 03 ☐ In a public place
- 04 ☐ Somewhere else
- 05 ☐ Don't know/ can't remember

4.3 Who were you calling the ambulance for?

- 01 ☐ A friend or relative
- 02 ☐ A patient
- 03 ☐ A stranger
- 04 ☐ Myself

4.4 Did the ambulance call taker easily understand your location?

- 01 ☐ Yes
- 02 ☐ No
- 03 ☐ Don't know / can't remember
- 04 ☐ Not applicable

4.5 Did the ambulance call taker give advice on the phone about what to do before the ambulance arrived?

- 01 ☐ Yes
- 02 ☐ No
- 03 ☐ Don't know / can't remember
- 04 ☐ No advice was wanted / needed

4.6 Was the ambulance call taker reassuring?

- 01 ☐ Yes, definitely
- 02 ☐ Yes, to some extent
- 03 ☐ No

## The Ambulance Service continued

4.7 In the last 12 months, have you been treated by an ambulance crew?

<sup>01</sup> ☐ Yes ...please answer the next question

<sup>02</sup> ☐ No ....please go to question 4.11

**If you answered yes, please answer the following questions**

4.8 Did you have trust and confidence in the ambulance crew's professional skills?

<sup>01</sup> ☐ Yes, definitely

<sup>02</sup> ☐ Yes, to some extent

<sup>03</sup> ☐ No

<sup>04</sup> ☐ Don't know / can't remember

4.9 Did the ambulance crew explain your care and treatment in a way you could understand?

<sup>01</sup> ☐ Yes, definitely

<sup>02</sup> ☐ Yes, to some extent

<sup>03</sup> ☐ No

<sup>04</sup> ☐ Don't know / can't remember

4.10 Did the ambulance crew talk in front of you as if you weren't there?

<sup>01</sup> ☐ Yes, definitely

<sup>02</sup> ☐ Yes, to some extent

<sup>03</sup> ☐ No

<sup>04</sup> ☐ Don't know / can't remember

4.11 In the last 12 months, have you been transported to hospital in:

	Yes	No
-----		
An ambulance (after an emergency 999 call)	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>
-----		
An ambulance (called for by your doctor)	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>
-----		
A Patient Transport Service vehicle	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>
-----		

**If you answered yes, please answer the following questions about the vehicle and your journey to hospital. If you answered no, please go to question 4.15.**

4.12 How clean was the vehicle?

<sup>01</sup> ☐ Very clean

<sup>02</sup> ☐ Fairly clean

<sup>03</sup> ☐ Not very clean

<sup>04</sup> ☐ Not at all clean

<sup>05</sup> ☐ Don't know / can't remember

## The Ambulance Service continued

4.13 Did the driver take care to make the journey as comfortable as possible?

- ☐ 01 Yes, definitely
- ☐ 02 Yes, to some extent
- ☐ 03 No
- ☐ 04 Don't know / can't remember

4.14 Overall, did the vehicle driver and/or crew treat you with respect and dignity?

- ☐ 01 Yes, definitely
- ☐ 02 Yes, to some extent
- ☐ 03 No
- ☐ 04 Don't know / can't remember

**4.15 Please answer the following question if you have received care from the ambulance service in the last 12 months, including Ambulance and Patient Transport Services**

Overall, how would you rate the care you received from the Ambulance Service?

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

## Section 5: Your health

5.1 In general, how would you rate your health?

- <sup>01</sup> ☐ Good
- <sup>02</sup> ☐ Fairly good
- <sup>03</sup> ☐ Not good

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

5.2 Mobility

- <sup>01</sup> ☐ I have no problems in walking about
- <sup>02</sup> ☐ I have some problems in walking about
- <sup>03</sup> ☐ I am confined to bed

5.3 Self-Care

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

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

- <sup>01</sup> ☐ I have no problems with performing my usual activities
- <sup>02</sup> ☐ I have some problems with performing my usual activities
- <sup>03</sup> ☐ I am unable to perform my usual activities

5.5 Pain/discomfort

- <sup>01</sup> ☐ I have no pain/discomfort
- <sup>02</sup> ☐ I have moderate pain/discomfort
- <sup>03</sup> ☐ I have extreme pain/discomfort

5.6 Anxiety/depression

- <sup>01</sup> ☐ I am not anxious/depressed
- <sup>02</sup> ☐ I am moderately anxious/depressed
- <sup>03</sup> ☐ I am extremely anxious/depressed

5.7 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?

5.8 Which of the following best describes you?

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

5.9 How tall are you? (Answer in *EITHER* metres *OR* feet and inches)

\_\_\_\_\_ metres      **OR**      \_\_\_\_\_ feet \_\_\_\_\_ inches

## Your health continued

5.10 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 your waist circumference whilst breathing out, and relaxed

5.11 What is your waist measurement? (Answer in EITHER centimetres OR inches)

\_\_\_\_\_ centimetres      OR      \_\_\_\_\_ inches

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

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

**NO:** potatoes, chips, yams

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

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

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

portions in the last 24 hours

### What counts as “moderate physical activity”?

Any activity that means you breathe a little fast, be slightly out of breath (but able to maintain a conversation), feel warmer and have a slightly faster heartbeat

Examples: brisk walking, cycling, manual work, swimming, playing sport, dancing etc

5.13 How many times do you undertake at least moderate physical activity for 30 minutes or more in a normal week (this may be built up in spells of 10 or 15 minutes)?

times a week

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

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



## Your health continued

5.15 If you smoke, how much do you smoke on average?

Enter amount here ↓			Delete as appropriate ↓
<input type="text"/>	Cigarettes	per	day / week
<input type="text"/>	Cigars	per	day / week
<input type="text"/>	Tobacco	per	day / week

5.16 How often do you have a drink containing alcohol?

- 01 ☐ Never .... Please go to question 6.1
- 02 ☐ Once a month or less
- 03 ☐ 2-4 times a month
- 04 ☐ 2-3 times a week
- 05 ☐ 4 or more times a week



If you answered Never, please go to question 6.1

### What counts as a “unit of alcohol”?

- 1 unit =** Half pint of ordinary strength beer, lager or cider  
 Small glass of wine  
 Small glass of sherry, port or vermouth  
 Single measure of spirit or liqueur (25ml, gin, whisky, vodka, cointreau, tia maria)
- 1½ units =** One bottle of alcopop
- 2 units =** Standard glass of wine  
 Half pint of extra strength beer, lager or cider  
 One pint of ordinary beer, lager or cider  
 Double measure of spirit or liqueur (50ml)
- 3 units =** One large glass of wine
- 4 units =** One pint of extra strength beer, lager or cider

5.17 How many units of alcohol do you have on a typical day when drinking?

- 01 ☐ 1 or 2
- 02 ☐ 3 or 4
- 03 ☐ 5 or 6
- 04 ☐ 7 to 9
- 05 ☐ 10 or more

5.18 How often do you have **six** or more units of alcohol on one occasion?

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

## Drinking habits continued

5.19 How often do you have **eight** or more units of alcohol on one occasion?

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

5.20 Please complete the chart below, indicating how many units of alcohol you drank on each day over the last week (enter zero if none):

Monday:	<input type="text"/>	units	Saturday:	<input type="text"/>	units
Tuesday:	<input type="text"/>	units	Sunday:	<input type="text"/>	units
Wednesday:	<input type="text"/>	units			
Thursday:	<input type="text"/>	units			
Friday:	<input type="text"/>	units			

5.21 How often in the last year have you failed to do what was expected of you because of your drinking?

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

5.22 How often in the last year have you needed an alcoholic drink in the morning to get yourself going?

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

5.23 How often in the last year have you had a feeling of guilt or regret after drinking?

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

## Drinking habits continued

5.24 How often in the last year have you not been able to remember what happened when drinking the night before?

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

5.25 Have you or someone else been injured as a result of your drinking?

- 01 ☐ No  
 02 ☐ Yes, but not in the last year  
 03 ☐ Yes, during the last year

5.26 Has a relative, friend, doctor or health-worker been concerned about your drinking or advised you to cut down?

- 01 ☐ No  
 02 ☐ Yes, but not in the last year  
 03 ☐ Yes, during the last year

5.27 Which of the following best describes your reasons for drinking alcohol?

	Never	Sometimes	Often	Always
To feel good	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
To feel confident	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
To relieve stress	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
To socialise and have fun	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
To get drunk	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
For something to do	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Because of work events	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Because friends do	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Because it is easily available	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>

## Section 6: Money matters

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

	Yes	No	Sometimes	Not needed or wanted
Keeping your home adequately warm	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Having a holiday away from home once a year	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Replacing any worn-out furniture	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Replacing or repairing electrical appliances (e.g. fridge, washing machine)	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>

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

	Yes	No	Sometimes	Not needed or wanted
Having friends/relatives round for a drink or a meal once a month	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Having up to £5 to spend each week on yourself	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Saving regularly (£10 a month) for rainy days or retirement	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>

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

	Yes	No	Sometimes	Not needed or wanted
Cooked main meal every day	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Eating meat, chicken or fish every second day, if you wanted to	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Fresh fruit	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Fresh vegetables	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>

## Money matters continued

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

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

If you have children under 16 years in your household, please answer the following question.

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

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

6.6 Is your household currently in arrears for the following?

	Not applicable	Yes	No
Rent	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Mortgage	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Parish rates	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Electricity	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Gas	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Oil	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Water	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>

## Money matters continued

6.7 Does your household experience difficulty with paying for the following?

	Not applicable	Never	Rarely	Sometimes	Often	Always
Doctors visits	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
Dental care	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
Optician	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>

6.8 As a household, how easy or difficult do you find it to cope financially? *(Please tick one box only)*

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

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

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

6.10 Approximately, what is your household's **total** annual household income?

- |  |  |
|--|--|
| 01 <input type="radio"/> less than £15,000 | 06 <input type="radio"/> £55,000 - £64,999 |
| 02 <input type="radio"/> £15,000 - £24,999 | 07 <input type="radio"/> £65,000 - £74,999 |
| 03 <input type="radio"/> £25,000 - £34,999 | 08 <input type="radio"/> £75,000 - £84,999 |
| 04 <input type="radio"/> £35,000 - £44,999 | 09 <input type="radio"/> £85,000 - £94,999 |
| 05 <input type="radio"/> £45,000 - £54,999 | 10 <input type="radio"/> £95,000 or more   |

6.11 Does anyone in your household pay Income Tax (including ITIS)?

- 01 ☐ Yes  
 02 ☐ No  
 03 ☐ Not sure

6.12 Does anyone in your household receive Income Support?

- 01 ☐ Yes  
 02 ☐ No  
 03 ☐ Not sure

## Money matters continued

6.13 Does anyone in your household have a current account with a high street bank?

01 ☐ Yes

02 ☐ No – not needed

03 ☐ No – unable to get one

6.14 Does anyone in your household have a credit card?

01 ☐ Yes

02 ☐ No

6.15 Have you heard of Community Savings Ltd (the “Community Bank”) in Jersey?

01 ☐ Yes

02 ☐ No

03 ☐ Not sure

6.16 Have you used the following for any advice on *your household finances, budgeting, or debt management* in the last 2 years?

	Yes	No
.....		
Citizen's Advice Bureau	01 <input type="radio"/>	02 <input type="radio"/>
.....		
Independent financial advisor	01 <input type="radio"/>	02 <input type="radio"/>
.....		
Financial advisor from high street bank	01 <input type="radio"/>	02 <input type="radio"/>
.....		
Financial advice websites	01 <input type="radio"/>	02 <input type="radio"/>
.....		
Community Savings Ltd (the “Community Bank”)	01 <input type="radio"/>	02 <input type="radio"/>
.....		
Other (please specify) _____	01 <input type="radio"/>	02 <input type="radio"/>
.....		

## Working after pension age

6.17 At what age do you currently plan to stop working, or *did* you stop working?

- *If you have retired, please enter the age you retired at.*
- *If you're a home-maker and not planning on returning to work, please enter the age you were when you stopped paid employment*
- *If you are unable to work again for health reasons, please enter the age you were when you stopped paid employment*

years

6.18 Which of the following would encourage you to work beyond normal pension age?

	Major encouragement	Some encouragement	No difference at all
Extra tax breaks for wages earned beyond normal pension age	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Opportunities for part-time working or job sharing	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Less stressful job	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Less physically demanding job	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Re-training to change jobs	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Higher value pension when you retire later	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Other – please specify _____			

**If you are 65 or over please go to question 7.1**

6.19 If you are below the age of 65, to what extent do you agree with the following statements:  
(Please tick one box in each row)

	Agree strongly	Agree slightly	Disagree slightly	Disagree strongly	Don't know
I would like to continue to work beyond the age of 65	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
I will need to work beyond the age of 65 to maintain my standard of living	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
I would like to find a less demanding job as I get close to pension age	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>



## Section 7: Education & Skills

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

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

## English Language qualifications

7.2 Which of the following best describes your highest educational qualification in **English Language**?

- ☐ <sup>01</sup> No formal qualifications in English language
- ☐ <sup>02</sup> 'O' level/CSE/GCSE (or equivalent) in English Language : Grade D-G
- ☐ <sup>03</sup> 'O' level/CSE/GCSE (or equivalent) in English Language : Grade A-C
- ☐ <sup>04</sup> AS-Level/ A/ A2 or equivalent qualification in English Language
- ☐ <sup>05</sup> First or Higher degree in English Language
- ☐ <sup>06</sup> Other (please specify: \_\_\_\_\_)

## Maths qualifications

7.3 Which of the following best describes your highest educational qualification in **Maths**?

- ☐ <sup>01</sup> No formal qualifications in Maths
- ☐ <sup>02</sup> 'O' level/CSE/GCSE (or equivalent) in Maths : Grade D-G
- ☐ <sup>03</sup> 'O' level/CSE/GCSE (or equivalent) in Maths : Grade A-C
- ☐ <sup>04</sup> AS-Level/ A/ A2 or equivalent qualification in Maths
- ☐ <sup>05</sup> First or Higher degree in Maths
- ☐ <sup>06</sup> Other (please specify: \_\_\_\_\_)

## Improving your reading skills in English

7.4 Since leaving school, have you taken any actions to improve your **reading** skills?

01 ☐ Yes

02 ☐ No

7.5 *In the last 12 months*, have you taken any actions to improve your **reading** skills?

01 ☐ Yes

02 ☐ No

7.6 If you answered **yes**, were your reasons for taking these actions mainly job related or for mainly personal reasons?

01 ☐ Mainly job related

02 ☐ Mainly for personal reasons

## Improving your writing skills in English

7.7 Since leaving school, have you taken any actions to improve your **writing** skills?

01 ☐ Yes

02 ☐ No

7.8 *In the last 12 months*, have you taken any actions to improve your **writing** skills?

01 ☐ Yes

02 ☐ No

7.9 If you answered **yes**, were your reasons for taking these actions mainly job related or for mainly personal reasons?

01 ☐ Mainly job related

02 ☐ Mainly for personal reasons

## Improving maths or number skills

7.10 Since leaving school, have you taken any actions to improve your **maths or number** skills?

01 ☐ Yes

02 ☐ No

7.11 *In the last 12 months*, have you taken any actions to improve your **maths or number** skills?

01 ☐ Yes

02 ☐ No

7.12 If you answered **yes**, were your reasons for taking these actions mainly job related or for mainly personal reasons?

01 ☐ Mainly job related

02 ☐ Mainly for personal reasons

## Courses for reading, writing and maths

7.13 Would you be interested in a course to improve any of the following skills?

	Yes	No
Your reading skills?	01 <input type="radio"/>	02 <input type="radio"/>
Your writing skills?	01 <input type="radio"/>	02 <input type="radio"/>
Your maths or number skills?	01 <input type="radio"/>	02 <input type="radio"/>

7.14 If you answered no, why not? *(Please tick all that apply)*

- ☐ Not required
- ☐ Not interested
- ☐ Not enough time
- ☐ Not enough money
- ☐ Feel too old
- ☐ Feel too embarrassed
- ☐ Don't know enough about them
- ☐ Other – please specify \_\_\_\_\_

## Skills for work

7.15 How often do you carry out the following tasks **at work**?

	Every day or almost everyday	At least once a week	At least once a month	Less than once a month	Never
Reading letters, memos and emails	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Reading and following directions or instructions	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Reading bills or invoices	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Reading information from spreadsheets or budget tables	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Writing letters or emails	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Writing directions or instructions	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Writing bills or invoices	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Filling in spreadsheets or budget tables	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Using a computer	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Using the internet	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>

## Section 8: Bullying in the workplace

The following questions are about bullying behaviour that you might have experienced whilst at work in Jersey over the last 12 months. **Please answer this page if you currently work, or have worked over the last 12 months**

Behaviour is bullying behaviour if:

- It is intentionally harmful, carried out by an individual or group;
- It is repetitive, wilful or persistent;
- There is an imbalance of power, leaving the person who is being bullied feeling defenceless.

8.1 In the last 12 months, how many times have you *personally* experienced bullying *in the workplace*

- <sup>01</sup> ☐ Not at all in the last 12 months .....please go to question 9.1
- <sup>02</sup> ☐ Once
- <sup>03</sup> ☐ 2-5 times
- <sup>04</sup> ☐ 6-10 times
- <sup>05</sup> ☐ About once a month
- <sup>06</sup> ☐ About once a week or more

**If you have personally experienced bullying behaviour at your workplace in the last 12 months, please answer the following 3 questions.**

8.2 Who was involved in the bullying behaviour? (*Please tick all that apply*)

- ☐ Work colleague
- ☐ Work manager
- ☐ Customers
- ☐ Other (please specify \_\_\_\_\_)

8.3 What *type* of bullying behaviour have you *personally* experienced in your workplace in the last 12 months? (*Please tick all that apply*)

- ☐ name-calling or taunting
- ☐ gossip or rumours
- ☐ threatening behaviour
- ☐ persistent criticism
- ☐ bullying emails or text messages
- ☐ excessive monitoring of work
- ☐ unmanageable workload
- ☐ physical violence
- ☐ other (please specify \_\_\_\_\_)

8.4 How has this affected you? (*Please tick all that apply*)

- ☐ Feeling of low self esteem
- ☐ Depression
- ☐ Increased stress
- ☐ Had to take time of work
- ☐ Increased fear
- ☐ Other (please specify \_\_\_\_\_)

## Section 9: Recycling

- 9.1 How much of each of the following items do you and your household recycle (i.e. take to a recycling facility and/or separate for doorstep collection). *Please tick one box in each row.*

	All	Most	Some	None	Don't know
Newspapers and magazines	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Cardboard	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Glass bottles and jars	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Cans	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Plastic bottles	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Clothes/textiles	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Batteries	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>

- 9.2 Which of the following would encourage you to recycle more? *(Please tick all that apply)*

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

- 9.3 If you would not consider recycling more, why is this? *(Please tick all that apply)*

- ☐ Not interested
- ☐ Not enough time
- ☐ Not much household waste
- ☐ Not enough storage space
- ☐ Other (please specify \_\_\_\_\_)

- 9.4 Do you home compost your food and garden waste? *(Please tick one only)*

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

## Recycling continued

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

	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 (please specify) _____	01 <input type="radio"/>	02 <input type="radio"/>

9.6 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

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

## Recycling continued

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

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

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

*(Please tick one box in each row)*

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

## Attitudes to Climate Change

9.10 How serious a problem do you think climate change is? *(Please tick one only)*

<sup>01</sup> ☐ Very serious problem

<sup>02</sup> ☐ Fairly serious problem

<sup>03</sup> ☐ Not a problem

9.11 In your opinion, is each of the following currently doing too much, doing about the right amount, or not doing enough to address climate change?

	Doing too much	Doing about the right amount	Not doing enough	Don't know
The States of Jersey	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>
The UK Government	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>
Developed countries e.g. the USA, Europe	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>
Newly industrialised economies e.g. China, India	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>
Undeveloped countries e.g. Central African countries	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>
Corporations & Industry	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>
Individual people	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>

9.12 Do you agree or disagree with the following statements?

	Strongly agree	Tend to agree	Tend to disagree	Strongly disagree
Climate change is an unstoppable process, we cannot do anything about it	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>
The seriousness of climate change has been exaggerated	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>
Emissions of CO <sub>2</sub> and other greenhouse gases have only a marginal impact on climate change	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>
Facing climate change can have a positive impact on the economy	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>
I personally have taken actions aimed at addressing climate change	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>



## Attitudes to Climate Change

9.13 Which of the following environmental initiatives have you done, or would consider doing?

	I have done this	I would consider this if it did not cost me more money	I would consider this even if it cost me more money	I would not do this
Buying a car that is more environmentally friendly	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Using the car less	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Walking, cycling or using public transport	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Avoiding taking short-haul flights where possible	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Using less electricity at home (e.g. by turning down heating, not leaving appliances on standby)	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>

	I have done this	I would consider this if it did not cost me more money	I would consider this even if it cost me more money	I would not do this
Using less water at home (for example not leaving water running when washing the dishes, etc)	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Separating waste for recycling	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Buying more seasonal and local products	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Installing a renewable energy source in your home (for example, a wind turbine, solar panels)	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Other – please specify _____	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>

## Leisure Fishing

We would like to ask you some questions about how often you go leisure fishing (not commercial fishing).

9.14 Do you ever go **leisure** fishing with a fishing rod in the sea around Jersey?

	Never	Less than 5 times a year	5 - 10 times a year	More than 10 times a year
From the shore	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
From a boat or kayak	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>

9.15 Do you ever do any other type of **leisure** fishing in the sea around Jersey (other than with a fishing rod)?

	Never	Less than 5 times a year	5 - 10 times a year	More than 10 times a year
From the shore (e.g. ormering, prawning, netting)	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
From a boat or kayak (e.g. potting, netting, scallop diving, long lines)	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>

## Having your say or getting involved

9.16 Which of these statements comes closest to your own attitude towards the services provided by the States of Jersey?

- 01 ☐ I'm not interested as long as they do their job
- 02 ☐ I'd like to know what they're doing, but don't want to be involved
- 03 ☐ I'd like to have more of a say
- 04 ☐ I'd like to become actively involved
- 05 ☐ I have a say, or am actively involved, already
- 06 ☐ Don't know

## Lodgers

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

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 circle below to indicate if there are any lodgers staying in your house?

(Please tick one box only)

- <sup>01</sup> ☐ Yes      If Yes, how many separate lodging households are in your house? \_\_\_\_\_
- <sup>02</sup> ☐ No

**Thank you for taking the time to fill out JASS 2010  
Your response is very important to us.**

**The report for JASS 2010 will be published in winter 2010/11**

**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  
Statistics Unit  
P.O. Box 140  
Cyril Le Marquand House  
The Parade  
St Helier  
Jersey  
JE1 1AE

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