

Jersey Opinions and Lifestyle Survey 2025

This survey should be completed by:

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

How do I fill it in?

Online at www.stats.je/JerseyLife (or scan the QR code).



Your reference is:

Or

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

Please return by **Friday 11 July 2025**

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

For more information

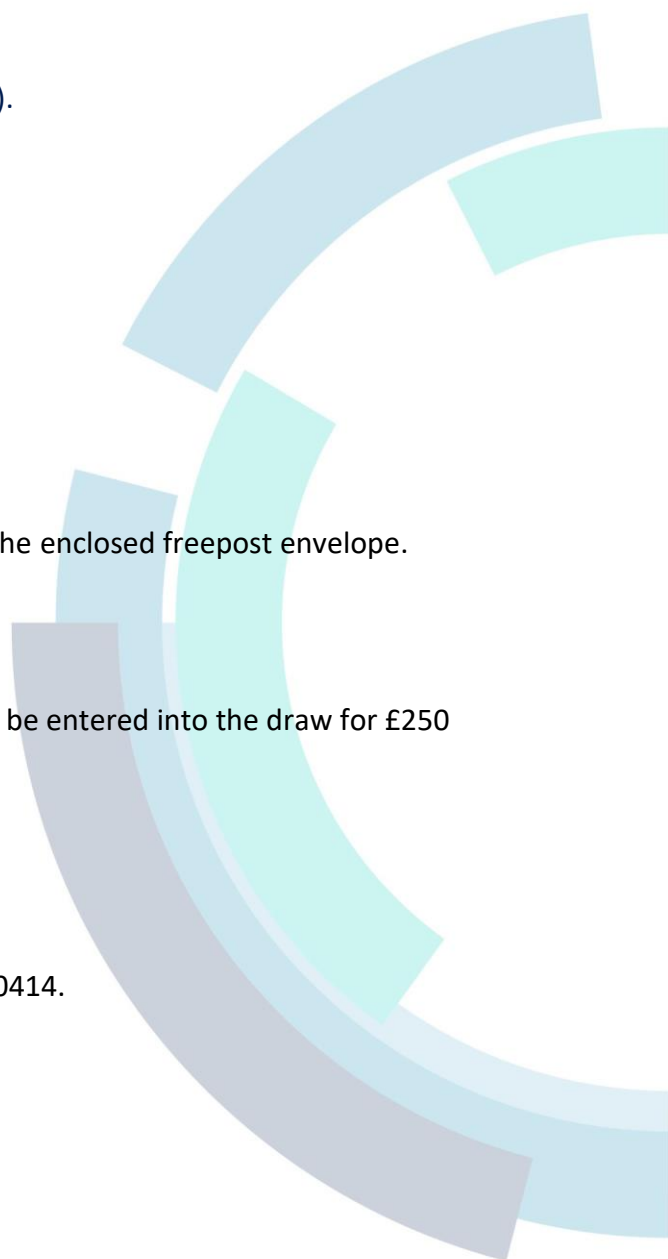
Go to www.stats.je/JerseyLife

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

Thank you



Ian Cope
Chief Statistician



About you

1.1 What is your sex?

- ⁰¹ ☐ Male
⁰² ☐ Female
⁰³ ☐ Other
-

1.2 In what year were you born?

1.3 Are you? *(Tick one box that best describes your current situation)*

- ⁰¹ ☐ Single
⁰² ☐ Cohabiting
⁰³ ☐ Married / civil partnership
⁰⁴ ☐ Separated
⁰⁵ ☐ Divorced
⁰⁶ ☐ Widowed
-

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

- ⁰¹ ☐ Jersey
⁰² ☐ Elsewhere in the British Isles *(includes England, Scotland, Wales, Northern Ireland, other Channel Islands, Isle of Man or the Republic of Ireland)*
⁰³ ☐ Portugal or Madeira
⁰⁴ ☐ Poland
⁰⁵ ☐ Other European country, *specify country:* _____
⁰⁶ ☐ Elsewhere, *specify country:* _____
-

1.5 When did your present period of continuous residence in Jersey begin?

(Ignore periods of absence on holiday and at university)

- ⁰¹ ☐ At birth **or** In (year):
-

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

White

- ⁰¹ ☐ Jersey
⁰² ☐ British
⁰³ ☐ Irish
⁰⁴ ☐ French
⁰⁵ ☐ Polish
⁰⁶ ☐ Portuguese or Madeiran
⁰⁷ ☐ Romanian
⁰⁸ ☐ South African
⁰⁹ ☐ Other White, *please specify* _____

Asian, Asian British or Asian Jersey

- ¹⁰ ☐ Indian
¹¹ ☐ Thai
¹² ☐ Other Asian, *please specify* _____

Black, Black British, Black Jersey

- ¹³ ☐ Caribbean
¹⁴ ☐ African
¹⁵ ☐ Other Black, *please specify* _____

Mixed

- ¹⁶ ☐ Asian and Black
¹⁷ ☐ Black and White
¹⁸ ☐ White and Asian
¹⁹ ☐ Other Mixed, *please specify* _____
-

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

Please do not count any professional qualifications

- ☐⁰¹ No formal qualifications
- ☐⁰² BTEC Introductory Diploma (level 1) / GNVQ (Foundation)
- ☐⁰³ 'O' levels / CSE / GCSE / BTEC First (level 2) / GNVQ (Intermediate)
- ☐⁰⁴ AS Level
- ☐⁰⁵ A/A2 Level / International Baccalaureate (IB) / BTEC National / GNVQ (Advanced)
- ☐⁰⁶ First Degree
- ☐⁰⁷ Higher Degree (e.g. Masters/PhD)
- ☐⁰⁸ Other, *please specify* _____
-

1.8 Do you have residential qualifications? (Tick one only)

In other words, are you entitled to buy a property, or rent 'qualified accommodation', in Jersey under the current 'Control of Housing and Work Law'?

- ☐⁰¹ Yes
- ☐⁰² No
- ☐⁰³ Don't know
-

1.9 Have you been resident in Jersey for 5 years or more? (Tick one only)

- ☐⁰¹ Yes
- ☐⁰² No
- ☐⁰³ Don't know
-

Employment – your main job

2.1 Tick the one which best describes your current situation: (Tick one only)

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

► If you are **not** in employment go to question 3.1

2.2 Is your employment status ‘Licensed’ – that is, are you an ‘essential employee’ or ‘J category’ person? (Tick one only)

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

2.3 Which industry do you work in, for your main job? (Tick the one which is most appropriate to you)

- ⁰¹ ☐ Agriculture and fishing
- ⁰² ☐ Finance (including legal and insurance)
- ⁰³ ☐ Construction and tradesmen
- ⁰⁴ ☐ Wholesale and retail
- ⁰⁵ ☐ Transport and storage (including Jersey Airport, Harbours, Post)
- ⁰⁶ ☐ Information and communication services (including IT, telecoms)
- ⁰⁷ ☐ Private education or private health
- ⁰⁸ ☐ Hotels, restaurants and bars
- ⁰⁹ ☐ Public sector (including teaching and medical staff and all other Government of Jersey / Parish employees)
- ¹⁰ ☐ Charity sector
- ¹¹ ☐ Other, please specify _____
-

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

Employment – your workplace

2.5 Does your employer provide rest breaks for breastfeeding mothers? (e.g. flexible working hours to allow breastfeeding or to express milk)

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

2.6 Does your employer provide breastfeeding mothers with a private and hygienic space which is safe and secure?

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

Your household

3.1 How many people live in your household (including yourself)?

Please enter numbers in the boxes below. Enter '0' if none

Pensioners aged 67 years or older:

Adults aged 16 to 66 years:

Children aged 11 to 15 years:

Children aged 5 to 10 years:

Children aged 0 to 4 years:

3.2 Which of the following best describes your household type? *(Tick one only)*

- ☐ ⁰¹ Pensioner household (all household members are pensioners)
- ☐ ⁰² Couple, living with at least one dependent child (under 16 years)
- ☐ ⁰³ Couple, no children
- ☐ ⁰⁴ Single parent, living with at least one dependent child (under 16 years)
- ☐ ⁰⁵ Working age person living alone
- ☐ ⁰⁶ Other, *please describe* _____

3.3 Approximately, what is your total gross household income (before tax and social security deductions)?

- | | |
|---|---|
| <input type="radio"/> ⁰¹ Less than £10,000 | <input type="radio"/> ⁰⁷ £60,000 - £69,999 |
| <input type="radio"/> ⁰² £10,000 - £19,999 | <input type="radio"/> ⁰⁸ £70,000 - £79,999 |
| <input type="radio"/> ⁰³ £20,000 - £29,999 | <input type="radio"/> ⁰⁹ £80,000 - £89,999 |
| <input type="radio"/> ⁰⁴ £30,000 - £39,999 | <input type="radio"/> ¹⁰ £90,000 - £99,999 |
| <input type="radio"/> ⁰⁵ £40,000 - £49,999 | <input type="radio"/> ¹¹ £100,000 - £109,999 |
| <input type="radio"/> ⁰⁶ £50,000 - £59,999 | <input type="radio"/> ¹² £110,000 or more |

Your accommodation

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

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

4.2 What type of accommodation do you live in? *(Tick one only)*

- ☐ ⁰¹ Owner occupied
- ☐ ⁰² Social housing rent (*'Andium homes' previously States housing, housing trust and parish rent*)
- ☐ ⁰³ Qualified private rent
- ☐ ⁰⁴ Staff or service accommodation
- ☐ ⁰⁵ Registered lodging house
- ☐ ⁰⁶ Lodger paying rent in private household
- ☐ ⁰⁷ Other non-qualified accommodation
-

Finances

5.1 As a household, how easy or difficult do you find it to cope financially?

- ⁰¹ ☐ Very easy
⁰² ☐ Quite easy
⁰³ ☐ Neither easy nor difficult
⁰⁴ ☐ Quite difficult
⁰⁵ ☐ Very difficult

5.2 Could your household afford an unexpected, but necessary, expense of £1,400?

- ⁰¹ ☐ Yes
⁰² ☐ No

5.3 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
A one week holiday away from home	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>
An internet connection for personal use	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>
A car	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>
A washing machine	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>
A colour television	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>
A telephone (landline or mobile)	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>
Enough heating to keep your home warm	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>
Fresh fruit or vegetables	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>
Cooked main meal each 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"/>

5.4 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"/>
Weatherproof coat for each child in the household	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"/>

Below are some statements about the security of your personal information. Personal information includes details such as your name, address, passwords, financial or health information, images, voice recordings, or other identifying data. Your personal information can be at risk of being accessed without your consent, misused or stolen. This can occur during everyday activities like sharing data, creating passwords, using smart home devices, or internet browsing.

5.5 Please select the option below that best describes your awareness of the risks to your personal information

- ⁰¹ ☐ I am not aware of these risks
⁰² ☐ I have some awareness of these risks
⁰³ ☐ I have reasonable awareness of these risks
⁰⁴ ☐ I am very aware of these risks

5.6 Please select the option below that best describes how confident you feel in managing these risks

- ⁰¹ ☐ I am not at all confident that I can manage these risks
⁰² ☐ I have some confidence that I can manage these risks
⁰³ ☐ I am quite confident that I can manage these risks
⁰⁴ ☐ I am very confident that I can manage these risks

5.7 How comfortable do you feel when completing these activities online or via an app?

<i><u>Tick one box in each row</u></i>	Very comfortable	Somewhat comfortable	Somewhat uncomfortable	Very uncomfortable	Not applicable
Shopping for a physical item	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>
Booking a holiday	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>
Booking an appointment	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>
Paying an invoice	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>
Online banking (e.g. paying or transferring money)	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>
Applying for a job	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>
Using online government forms	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>
Studying online	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>	⁰⁵ <input type="radio"/>

5.8 What barriers or concerns do you have about doing these activities online? *(Tick all that apply)*

- ☐ Privacy or security concerns
☐ Fear of scams or fraud
☐ It is inconvenient to register or log into secure online services
☐ Websites/apps do not have accessible features for my needs
☐ Websites/apps are not easy to navigate
☐ I need support to complete activities online due to a disability
☐ Lack of confidence with using technology
☐ No internet connection or access to technology at home
☐ Other, *please specify* _____
☐ I have no concerns about doing things online

5.9 In the last month, have you made a payment for goods or services using the following payment methods? (Tick all that apply)

- ☐ Debit or credit card (including contactless methods e.g. Apple Pay, Google Pay)
 - ☐ Mobile / internet banking (including bank transfers, standing orders and direct debits)
 - ☐ Cheque
 - ☐ Physical cash ► **If you have not used physical cash, please go to question 5.11**
 - ☐ Other, *please specify* _____
-

5.10 If you used cash, what did you use cash to pay for? (Tick all that apply)

- ☐ Buying food or drink at a supermarket, store or other shop
 - ☐ Eating or drinking at cafes, restaurants, pubs or bars
 - ☐ Leaving a tip
 - ☐ Buying goods e.g. clothes, toys, books, electronics
 - ☐ Paying for utility bills
 - ☐ Services e.g. hairdresser, cleaner, gardener
 - ☐ Transport (parking, fuel, taxi, public transport)
 - ☐ Paying friends or family
 - ☐ Other, *please specify* _____
-

5.11 How often do you carry cash? (Tick one only)

- ⁰¹ ☐ Always
 - ⁰² ☐ Sometimes
 - ⁰³ ☐ Never ► **go to question 5.14**
-

5.12 If you do carry cash, why is this? (Tick all that apply)

- ☐ Easier to manage my money
 - ☐ It is convenient for small purchases
 - ☐ In case cards aren't accepted
 - ☐ To pay friends, family and other private people (not a shop)
 - ☐ It is more private and secure than other options
 - ☐ I get paid in cash
 - ☐ I don't have a bank account
 - ☐ Other, *please specify* _____
-

5.13 In the last month, have you experienced any of the following in Jersey? (Tick all that apply)

- ☐ I wanted to pay with cash but it was not accepted
 - ☐ I felt uncomfortable or discouraged from paying with cash
 - ☐ Correct change was not available
 - ☐ None of the above
-

5.14 To what extent do you agree that businesses should be required to accept cash?

- ⁰¹ ☐ Strongly agree
 - ⁰² ☐ Slightly agree
 - ⁰³ ☐ Neither agree nor disagree
 - ⁰⁴ ☐ Slightly disagree
 - ⁰⁵ ☐ Strongly disagree
-

General health

6.1 How is your health in general? Would you say it was... *(Tick one only)*

- ⁰¹ ☐ Very good
⁰² ☐ Good
⁰³ ☐ Fair
⁰⁴ ☐ Bad
⁰⁵ ☐ Very bad

6.2 Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more? *(Tick one only)*

- ⁰¹ ☐ Yes
⁰² ☐ No ► [go to question 6.4](#)

6.3 Are your day to day activities limited because of your health problem or disability? *(Tick one only)*

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

6.4 Do you have or are you concerned you might have...?

	Yes	No	Don't know	Prefer not to say
High blood pressure	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>
Type 2 Diabetes	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>

6.5 Do you identify as having one of the following conditions? *(Tick all that apply)*

- ☐ Autism spectrum disorder (ASD)
☐ ADHD/ADD (attention deficit hyperactivity disorder / attention deficit disorder)
☐ Dyslexia
☐ Dyspraxia (developmental coordination disorder)
☐ Dyscalculia
☐ Tourette's syndrome
☐ Sensory processing disorder (SPD)
☐ Other neurodiverse condition, *please specify* _____
☐ None of the above ► [go to question 6.7](#)
☐ Prefer not to say ► [go to question 6.7](#)

6.6 Which types of accommodations or supports would be most beneficial for you? *(Tick up to 3 options)*

- ☐ Flexible working / study hours
☐ Sensory-friendly environments (e.g. reduced noise, lighting adjustments)
☐ Flexible communication options (e.g. choice of email, phone, face-to-face)
☐ Awareness and training for others (e.g. teachers, managers, colleagues)
☐ Accessible public services (e.g. healthcare, transportation)
☐ Access to support services (e.g. professional support such as counselling or coaching)
☐ Other, *please specify* _____

6.7 How tall are you? (Answer in either metres or feet and inches)

metres

or

feet,

inches

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

kilograms

or

stone,

pounds

6.9 To the nearest hour, on average how long did you sleep per night over the last month? *(Tick one only)*

⁰¹ ☐ Less than 5 hours

⁰² ☐ 5 to 6 hours

⁰³ ☐ 7 to 8 hours

⁰⁴ ☐ 9 hours or more

6.10 In the last month, how often did poor sleep affect your day-to-day activities? *(Tick one only)*

⁰¹ ☐ Daily or almost daily

⁰² ☐ Once or twice a week

⁰³ ☐ A few times

⁰⁴ ☐ Never

6.11 In the last 2 years, have you or others noticed that you are hearing less well? *(Tick one only)*

⁰¹ ☐ Yes

⁰² ☐ No ► [go to question 6.13](#)

6.12 If yes, have you had a hearing test?

⁰¹ ☐ Yes

⁰² ☐ No

6.13 In the last 2 years, have you noticed that you are seeing less well? *(Tick one only)*

⁰¹ ☐ Yes

⁰² ☐ No ► [go to question 6.15](#)

6.14 If yes, have you seen an optician?

⁰¹ ☐ Yes

⁰² ☐ No

6.15 Have any of your biological relatives experienced dementia or had memory issues that limited their day-to-day activities? *(Tick one only)*

⁰¹ ☐ Yes

⁰² ☐ No

6.16 Please indicate how much you agree or disagree with the following statement.

“There is nothing anyone can do to reduce their risk of getting dementia”.

⁰¹ ☐ Strongly agree

⁰² ☐ Slightly agree

⁰³ ☐ Neither agree nor disagree

⁰⁴ ☐ Slightly disagree

⁰⁵ ☐ Strongly disagree

Breastfeeding

7.1 Please indicate how much you agree or disagree with the following statements.

	Agree strongly	Agree slightly	Neither agree / disagree	Disagree slightly	Disagree strongly
<i>Tick one box in each row</i>					
Women should feel supported to breastfeed in community and public places	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Breastfeeding mothers should be allowed to feed in public without having to be hidden	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
I would feel comfortable if a mother breastfed her child near to me	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
There is a supportive environment for mothers to make their own feeding choices without feeling pressured	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>

7.2 Are you aware that women are allowed to breastfeed in public places? (e.g. shops, restaurants and cafes as well as public transport, parks or leisure facilities)

01 ☐ Yes
02 ☐ No

Wellbeing

8.1 Overall, how satisfied are you with your life nowadays?

On a scale of 0 to 10: where zero is 'not at all' and ten is 'completely', tick one number

Not at all											Completely
0	1	2	3	4	5	6	7	8	9	10	

8.2 Overall, to what extent do you feel the things you do in your life are worthwhile?

On a scale of 0 to 10: where zero is 'not at all' and ten is 'completely', tick one number

Not at all											Completely
0	1	2	3	4	5	6	7	8	9	10	

8.3 Overall, how happy did you feel yesterday?

On a scale of 0 to 10: where zero is 'not at all' and ten is 'completely', tick one number

Not at all											Completely
0	1	2	3	4	5	6	7	8	9	10	

8.4 Overall, how anxious did you feel yesterday?

On a scale of 0 to 10: where zero is 'not at all' and ten is 'completely', tick one number

Not at all											Completely
0	1	2	3	4	5	6	7	8	9	10	

- 8.5** Please imagine a ladder, with steps numbered 0 at the bottom to 10 at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you. On which step of the ladder would you say you personally feel you stand at this time?
(Tick one number)

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

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

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

- 8.7** Overall, how satisfied are you with what you do in your leisure time?

On a scale of 0 to 10: where zero is 'not at all' and ten is 'completely', tick one number

By leisure time we mean time for hobbies and interests that you enjoy and are passionate about

Not at all											Completely
0	1	2	3	4	5	6	7	8	9	10	

- 8.8** Below are some statements about feelings and thoughts.

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

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

- 8.9** If you were in trouble, do you have relatives or friends you can count on to help you whenever you need them? (Tick one only)

- 01 ☐ Yes, in Jersey
 02 ☐ Yes, but not in Jersey
 03 ☐ No

8.10 How often do you socialise (face-to-face) with people outside of your household? (Tick one only)

- ⁰¹ ☐ Daily
⁰² ☐ Weekly
⁰³ ☐ Monthly
⁰⁴ ☐ Rarely
⁰⁵ ☐ Never
-

Lifestyle

Moderate intensity sport or physical activity will raise your heart rate and make you breathe faster and feel warmer (for example: brisk walking, cycling, doubles tennis, manual work as part of your job, gardening etc.) One way to tell if you're working at moderate intensity is if you can still talk but can't sing the words to a song.

Vigorous intensity sport or physical activity makes you breathe hard and fast. If you're working at this level, you won't be able to say more than a few words without pausing for breath (for example: running, swimming fast or sport such as football or hockey).

9.1 How many times in a typical week do you normally undertake sport or physical activity to moderate or vigorous intensity for 30 minutes or longer (this may be built up in spells of at least 10 minutes)?

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

9.2 Thinking about the total time doing sport or physical activity that you told us about in question 9.1, about how many minutes of it would be moderate physical activity, and how much vigorous physical activity?

Minutes of **moderate** physical activity in a typical week, (if none – please write 0)

Minutes of **vigorous** physical activity in a typical week, (if none – please write 0)

What counts as 'one portion of fruit or vegetables'?

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

✗ **No:** potatoes, chips, yams

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.

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

9.3 How many portions of fruit and vegetables have you eaten in the last 24 hours?
(If none – please write '0')

Portions

9.4 How often do you have a drink containing alcohol? *(Tick one only)*

- ⁰¹ ☐ Never ► [go to question 9.10](#)
- 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
-

Definition of 1 unit of alcohol:



Half pint of
regular beer,
lager or cider



1 small
glass of
wine



1 single
measure
of spirits



1 small
glass of
sherry



1 small
measure
of aperitifs

9.5 How many units do you have in a typical week when you are drinking?

- ⁰¹ ☐ 1 to 4
- ⁰² ☐ 5 to 9
- ⁰³ ☐ 10 to 14
- ⁰⁴ ☐ 15 to 19
- ⁰⁵ ☐ 20 to 29
- ⁰⁶ ☐ 30 to 39
- ⁰⁷ ☐ 40 or more
-

9.6 How often have you had six or more units if female, or eight or more if male, on a single occasion in the last year?

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

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

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

9.8 How often in the last year have you been unable to remember what happened the night before because you had been drinking?

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

9.9 Has a relative, friend, doctor or other health-worker been concerned about your drinking or suggested that you cut down?

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

9.10 This question focuses on smoking tobacco products only, not e-cigarettes or vaping devices. Which of the following best describes you? (Tick one only)

- ⁰¹ ☐ I have never smoked / I don't smoke ► [go to question 9.12](#)
- ⁰² ☐ I used to smoke occasionally, but don't now ► [go to question 9.12](#)
- ⁰³ ☐ I used to smoke daily, but don't now ► [go to question 9.12](#)
- ⁰⁴ ☐ I smoke occasionally, but not every day
- ⁰⁵ ☐ I smoke daily

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

Enter amount here:

delete as appropriate:

<input type="text"/>	Cigarettes	per	<i>day / week</i>
<input type="text"/>	Roll-ups	per	<i>day / week</i>

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

- ⁰¹ ☐ I've never heard of them
- ⁰² ☐ I've never used them
- ⁰³ ☐ I've tried them once or twice
- ⁰⁴ ☐ I use them sometimes (more than once a month)
- ⁰⁵ ☐ I use them often (more than once a week)
- ⁰⁶ ☐ I use them every day

9.13 The following question is about substances other than alcohol, tobacco or caffeine which are NOT prescribed to you or bought from a pharmacy. These include any drug, medicine, herbal medicine or supplement which is taken (eaten, drank, swallowed, inhaled or injected) for a desired effect.

We would like to stress the confidentiality of your answers. Your responses will not be shared with any Government department or third-party organisation and will not be linked back to you.

Which substances, if any, have you taken in the last 12 months which have NOT been prescribed to you or bought from a pharmacy?

- ⁰¹ ☐ Prefer not to say

Tick one box in each row

	I've taken this in the last month	I've taken this in the last 12 months	I've not taken this
CBD cannabis products such as oils or supplements (which do not contain THC)	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>
Cannabis in any form which contains THC	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>
Club drugs or psychedelics	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>
Strong painkillers or opioids (not paracetamol or ibuprofen)	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>
Sedatives or sleeping tablets	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>
Substances to improve physical performance or change appearance e.g. steroids, hormones, weight loss drugs	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>

Do you have any other comments?

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

The report will be published in winter 2025/2026 on www.stats.je.

Please post back in the Freepost envelope provided

Or post to: Business reply service JE65, Statistics Jersey, PO Box 140, St. Helier, Jersey, JE4 8QT

Confidentiality

The information you give us is confidential and protected by law. It will only be used for statistical purposes and will not be passed to any other organisations or Government departments.

For more information, please go to www.stats.je/how-we-use-your-data and www.stats.je/JerseyLife or you can email us at statistics@gov.je or phone us on 440414