

## 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](http://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](http://www.stats.je/JerseyLife)

You can email us at [statistics@gov.je](mailto:statistics@gov.je) or phone us on 440414.

Thank you



Ian Cope  
Chief Statistician

# About you

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## 1.1 What is your sex?

- <sup>01</sup> ☐ Male  
<sup>02</sup> ☐ Female  
<sup>03</sup> ☐ Other
- 

## 1.2 In what year were you born?

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

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

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

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

- <sup>01</sup> ☐ At birth      **or**      In (year):
- 

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

### White

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

### Asian, Asian British or Asian Jersey

- <sup>10</sup> ☐ Indian  
<sup>11</sup> ☐ Thai  
<sup>12</sup> ☐ Other Asian, *please specify* \_\_\_\_\_

### Black, Black British, Black Jersey

- <sup>13</sup> ☐ Caribbean  
<sup>14</sup> ☐ African  
<sup>15</sup> ☐ Other Black, *please specify* \_\_\_\_\_

### Mixed

- <sup>16</sup> ☐ Asian and Black  
<sup>17</sup> ☐ Black and White  
<sup>18</sup> ☐ White and Asian  
<sup>19</sup> ☐ Other Mixed, *please specify* \_\_\_\_\_
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**1.7 What is your highest educational qualification? (Tick one only)**

*Please do not count any professional qualifications*

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

- ☐<sup>01</sup> Yes
- ☐<sup>02</sup> No
- ☐<sup>03</sup> Don't know
- 

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

- ☐<sup>01</sup> Yes
- ☐<sup>02</sup> No
- ☐<sup>03</sup> Don't know
- 

## Employment – your main job

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

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

**2.2 If you answered that you are 'unemployed and looking for work', are you currently registered as 'Actively Seeking Work' with Social Security? (Tick one only)**

- ☐<sup>01</sup> Yes
- ☐<sup>02</sup> No
- 

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

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

- ☐<sup>01</sup> Yes
- ☐<sup>02</sup> No
- ☐<sup>03</sup> Don't know
-

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

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

**2.5 Which of the following best describes the work you do for your main job?** *(Tick one only)*

- <sup>01</sup> ☐ **Routine, Semi-routine, Manual or Service occupation** e.g. HGV or van driver, cleaner, porter, packer, messenger, labourer, waiter/waitress, bar staff, postal worker, machine operative, security guard, caretaker, farm worker, catering assistant, receptionist, sales assistant
- <sup>02</sup> ☐ **Technical or Craft occupation** e.g. motor mechanic, fitter, inspector, plumber, printer, tool maker, electrician, gardener
- <sup>03</sup> ☐ **Clerical or Intermediate occupation** e.g. secretary, personal assistant, clerical worker, office clerk, call centre agent, nursing auxiliary, nursery nurse
- <sup>04</sup> ☐ **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 below), software designer, fund administrator
- <sup>05</sup> ☐ **Middle or Junior Manager** e.g. office manager, retail manager, bank manager, restaurant manager, warehouse manager, publican
- <sup>06</sup> ☐ **Senior Manager (usually responsible for planning, organising and co-ordinating work)** e.g. finance manager, chief executive
- <sup>07</sup> ☐ **Not sure**
- 

**2.6 What is your job title (for your main job)?**

\_\_\_\_\_

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**2.7 Overall, how satisfied are you with your current job?**

*On a scale of 0 to 10: where zero is 'not at all' and ten is 'completely', tick one number*  
*Please consider all aspects of your job including pay, conditions, enjoyment, challenge etc.*



**2.8 How many hours are you *contracted* to work each week, in your main job?**

hours per week *(enter '0' if you are on a zero-hour contract)*

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

hours per week

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**2.10 Would you prefer to work longer hours at your current basic rate of pay if you were given the opportunity?** (In either your main job or any additional jobs that you may have)

*'Basic rate of pay' does not include overtime or enhanced pay rates*

<sup>01</sup> ☐ Yes – how many extra hours a week? ▶ *enter:*  hours per week

<sup>02</sup> ☐ No

## Employment – your workplace

**2.11 Does your workplace have any of the following facilities to enable active travel?** *(Tick all that apply)*

- ☐ Lockers to store equipment
- ☐ Bicycle parking
- ☐ Changing rooms
- ☐ Showers
- ☐ Other, *please specify* \_\_\_\_\_
- ☐ None of the above

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

<sup>01</sup> ☐ Yes

<sup>02</sup> ☐ No

<sup>03</sup> ☐ Don't know

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

<sup>01</sup> ☐ Yes

<sup>02</sup> ☐ No

<sup>03</sup> ☐ 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)*

<sup>01</sup> ☐ Pensioner household (all household members are pensioners)

<sup>02</sup> ☐ Couple, living with at least one dependent child (under 16 years)

<sup>03</sup> ☐ Couple, no children

<sup>04</sup> ☐ Single parent, living with at least one dependent child (under 16 years)

<sup>05</sup> ☐ Working age person living alone

<sup>06</sup> ☐ Other, *please describe* \_\_\_\_\_

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

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

## Your accommodation

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

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

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

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

**4.3 How many rooms are available for use only by your household?**

✗ *DO NOT COUNT: bathrooms, toilets, halls or landings, rooms that can only be used for storage*

✓ *DO COUNT: kitchens, living rooms, utility rooms, bedrooms, studies, conservatories*

*If two rooms are converted into one, count as one room*

room(s)

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**4.4 How many bedrooms does your home have? *(tell us the number of bedrooms for use only by your household)***  
*Include all rooms built or converted for use as bedrooms, even if not currently used as bedrooms*

bedroom(s)

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**4.5 What is the main fuel type used to heat your home? *(Tick one only)***

- <sup>01</sup> ☐ Gas
- <sup>02</sup> ☐ Oil
- <sup>03</sup> ☐ Coal
- <sup>04</sup> ☐ Biomass (wood, plants, other organic matter)
- <sup>05</sup> ☐ Electricity
- <sup>06</sup> ☐ Other, *please specify* \_\_\_\_\_
- <sup>07</sup> ☐ Don't know
-

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**4.6 Is your home sheltered or disabled housing?**

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

<sup>01</sup> ☐ Yes

<sup>02</sup> ☐ No

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**4.7 Do you, or anyone in your household, have access to the internet at home? (By any device)**

<sup>01</sup> ☐ Yes

<sup>02</sup> ☐ No ► [go to question 5.1](#)

<sup>03</sup> ☐ Don't know ► [go to question 5.1](#)

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**4.8 What types of internet connections are used at home? (Tick all that apply)**

☐ Fixed broadband connections, e.g. Fibre broadband, DSL, ADSL, VDSL, cable, public Wi-Fi

☐ Mobile broadband connections - 3G or more (via mobile phone network e.g. UMTS, using (SIM) card or USB key, mobile phone or smart phone as modem)

☐ Mobile narrow band connection - less than 3G (via mobile phone network e.g. 2G+/GPRS, using (SIM) card or USB key, mobile phone or smart phone as modem)

☐ Dial-up access over normal telephone line or ISDN

☐ Satellite broadband connections

☐ I don't know

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## Moving house

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**5.1 Are there any members of your household who have moved to Jersey to live within the last 3 years?**

<sup>01</sup> ☐ Yes - how many (including yourself)? [enter](#):

<sup>02</sup> ☐ No

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**5.2 Are any members of your household planning to move to another property in the next 3 years?**

*(This includes moving away from Jersey)*

<sup>01</sup> ☐ Yes

<sup>02</sup> ☐ No ► [go to question 6.1](#)

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**5.3 How many members of your household are planning to move to another property in the next 3 years?**

<sup>01</sup> ☐ Everyone    or    how many?

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**5.4 How many new properties will you be looking for in total?**

- *For example, if all members of your household want to move to a different property, you will be looking for one new property*

- *If one member of the household is planning on moving to one property, and the rest of the household are staying in your current home, you will be looking for one new property*

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**5.5 Would you consider applying to rent a social housing property ('Andium Homes', housing trust or parish property)? (Tick one only)**

<sup>01</sup> ☐ Yes ► [go to question 5.7](#)

<sup>02</sup> ☐ No

<sup>03</sup> ☐ Not sure ► [go to question 5.7](#)

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**5.6 If you wouldn't consider applying to rent a social housing property ('Andium Homes', housing trust or parish property), why not? (Tick all that apply)**

- ☐ No need to
- ☐ Already live in a social housing property
- ☐ Do not want to live in a social housing property
- ☐ Not eligible for a social housing property
- ☐ Don't know enough about it
- ☐ Other, *please specify* \_\_\_\_\_

**Please answer the following questions for each property that members of your household will be looking to move to in the next 3 years.** *If members of your household will be looking to move into more than one separate property in the next 3 years, please use these columns to tell us about their needs*

5.7 Will it be:	Property 1	Property 2	Property 3
In Jersey	01 <input type="radio"/>	01 <input type="radio"/>	01 <input type="radio"/>
Elsewhere	02 <input type="radio"/>	02 <input type="radio"/>	02 <input type="radio"/>

5.8 Will you want a:	Property 1	Property 2	Property 3
Flat or maisonette	01 <input type="radio"/>	01 <input type="radio"/>	01 <input type="radio"/>
House or bungalow	02 <input type="radio"/>	02 <input type="radio"/>	02 <input type="radio"/>

5.9 Will you want to:	Property 1	Property 2	Property 3
Move to a smaller home	01 <input type="radio"/>	01 <input type="radio"/>	01 <input type="radio"/>
Move to a similar sized home	02 <input type="radio"/>	02 <input type="radio"/>	02 <input type="radio"/>
Move to a larger home	03 <input type="radio"/>	03 <input type="radio"/>	03 <input type="radio"/>

5.10 Will you want to:	Property 1	Property 2	Property 3
Buy (with a mortgage)	01 <input type="radio"/>	01 <input type="radio"/>	01 <input type="radio"/>
Buy (without a mortgage)	02 <input type="radio"/>	02 <input type="radio"/>	02 <input type="radio"/>
Rent (privately)	03 <input type="radio"/>	03 <input type="radio"/>	03 <input type="radio"/>
Rent a social housing property (‘Andium Homes’, housing trust or parish property)	04 <input type="radio"/>	04 <input type="radio"/>	04 <input type="radio"/>

**5.11 If you are not looking to buy the property, why is this? (Tick all that apply)**

	Property 1	Property 2	Property 3
Can't afford to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not ready for a long-term commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other reason, <i>please specify</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.12 How many bedrooms will you need?	Property 1	Property 2	Property 3
One	01 <input type="radio"/>	01 <input type="radio"/>	01 <input type="radio"/>
Two	02 <input type="radio"/>	02 <input type="radio"/>	02 <input type="radio"/>
Three	03 <input type="radio"/>	03 <input type="radio"/>	03 <input type="radio"/>
Four or more	04 <input type="radio"/>	04 <input type="radio"/>	04 <input type="radio"/>



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**5.13 Will anyone have residential qualifications?**

	Property 1	Property 2	Property 3
Yes	01 <input type="radio"/>	01 <input type="radio"/>	01 <input type="radio"/>
No	02 <input type="radio"/>	02 <input type="radio"/>	02 <input type="radio"/>
Not sure	03 <input type="radio"/>	03 <input type="radio"/>	03 <input type="radio"/>

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**5.14 Will you be joining with people currently living in a different Jersey household to yours?**

	Property 1	Property 2	Property 3
Yes	01 <input type="radio"/>	01 <input type="radio"/>	01 <input type="radio"/>
No	02 <input type="radio"/>	02 <input type="radio"/>	02 <input type="radio"/>
Not sure	03 <input type="radio"/>	03 <input type="radio"/>	03 <input type="radio"/>

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► If the household will be buying a property, answer the following three questions  
► otherwise go to question 6.1

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**5.15 Has the household who will be buying the property bought a property in Jersey before?**

	Property 1	Property 2	Property 3
Yes	01 <input type="radio"/>	01 <input type="radio"/>	01 <input type="radio"/>
No	02 <input type="radio"/>	02 <input type="radio"/>	02 <input type="radio"/>
Not sure	03 <input type="radio"/>	03 <input type="radio"/>	03 <input type="radio"/>

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**5.16 What is the approximate total annual (gross) income of the household who will be buying the property?**

	Property 1	Property 2	Property 3
Under £20,000	01 <input type="radio"/>	01 <input type="radio"/>	01 <input type="radio"/>
£20,000 – £39,999	02 <input type="radio"/>	02 <input type="radio"/>	02 <input type="radio"/>
£40,000 – £59,999	03 <input type="radio"/>	03 <input type="radio"/>	03 <input type="radio"/>
£60,000 – £79,999	04 <input type="radio"/>	04 <input type="radio"/>	04 <input type="radio"/>
£80,000 – £99,999	05 <input type="radio"/>	05 <input type="radio"/>	05 <input type="radio"/>
£100,000 – £119,999	06 <input type="radio"/>	06 <input type="radio"/>	06 <input type="radio"/>
£120,000 – £139,999	07 <input type="radio"/>	07 <input type="radio"/>	07 <input type="radio"/>
£140,000 or more	08 <input type="radio"/>	08 <input type="radio"/>	08 <input type="radio"/>

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**5.17 If you will need a mortgage, approximately how much will you have available to pay for a deposit and moving costs?**

	Property 1	Property 2	Property 3
Under £20,000	01 <input type="radio"/>	01 <input type="radio"/>	01 <input type="radio"/>
£20,000 – £39,999	02 <input type="radio"/>	02 <input type="radio"/>	02 <input type="radio"/>
£40,000 – £59,999	03 <input type="radio"/>	03 <input type="radio"/>	03 <input type="radio"/>
£60,000 – £79,999	04 <input type="radio"/>	04 <input type="radio"/>	04 <input type="radio"/>
£80,000 – £99,999	05 <input type="radio"/>	05 <input type="radio"/>	05 <input type="radio"/>
£100,000 or more	06 <input type="radio"/>	06 <input type="radio"/>	06 <input type="radio"/>

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## Neighbourhood safety

### 6.1 How safe or unsafe do you feel when alone in the following areas in Jersey during the day?

<i>Tick one box in each row</i>	Very safe	Fairly safe	Fairly unsafe	Very unsafe	Don't know
In a park or other open space	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>	<sup>05</sup> <input type="radio"/>
In a quiet street close to your home	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>	<sup>05</sup> <input type="radio"/>
Using public transport	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>	<sup>05</sup> <input type="radio"/>
In a busy public space such as a high street	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>	<sup>05</sup> <input type="radio"/>

### 6.2 How safe or unsafe do you feel when alone in the following areas in Jersey after dark?

<i>Tick one box in each row</i>	Very safe	Fairly safe	Fairly unsafe	Very unsafe	Don't know
In a park or other open space	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>	<sup>05</sup> <input type="radio"/>
In a quiet street close to your home	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>	<sup>05</sup> <input type="radio"/>
Using public transport	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>	<sup>05</sup> <input type="radio"/>
In a busy public space such as a high street	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>	<sup>05</sup> <input type="radio"/>

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

***“Jersey is a safe place for everyone”*** (*Tick one only*)

- <sup>01</sup> ☐ Strongly agree
- <sup>02</sup> ☐ Slightly agree
- <sup>03</sup> ☐ Neither agree nor disagree
- <sup>04</sup> ☐ Slightly disagree
- <sup>05</sup> ☐ Strongly disagree

## Crime and policing

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

<i>Tick one box in each row</i>	Very worried	Fairly worried	Not very worried	Not at all worried
Burglary to your home	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>
Violent crime	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>
Verbally abused/threatened in the street	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>
Vehicle or property vandalised	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>
Digital crime (e.g. online fraud, cyber bullying, scams etc.)	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>
Anti-social behaviour	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>
Sexual violence	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>

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

*Tick one box in each row*

	Strongly agree	Tend to agree	Tend to disagree	Strongly disagree	Don't know
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 are targeting the policing issues that matter most to the community	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
I am confident that the police would do a good job if I needed them	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>

## 7.3 Which of the following sources influence what you think of the States of Jersey Police?

*(Tick all that apply)*

- ☐ My own personal experiences here in Jersey
- ☐ What other people tell me of their experiences
- ☐ TV and radio (ITV Channel Islands, BBC Channel Islands, Radio Jersey, Channel 103)
- ☐ Online media (Jersey Evening Post, Bailiwick Express etc.)
- ☐ Printed media (Jersey Evening Post etc.)
- ☐ Social media (Facebook, X etc.)
- ☐ What I read on the States of Jersey Police website
- ☐ Other, *please specify* \_\_\_\_\_

## 7.4 Do you know how to contact your local community police officer?

01 ☐ Yes

02 ☐ No

## 7.5 Did you have any contact with the States of Jersey Police in 2024?

01 ☐ Yes

02 ☐ No [▶ go to question 7.7](#)

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

*Tick one box in each row*

	Strongly agree	Slightly agree	Slightly disagree	Strongly disagree
The officer was helpful	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
The officer was polite	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
The officer listened to what I had to say	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
The officer was impartial	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
The officer acted on what they were told	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>

**7.7 States of Jersey Police focus on a range of objectives. What priority level do you consider each of these to have?**

*Tick one box in each row*

	Low priority	Medium priority	High priority	Very high priority	Don't know
Be ready to respond effectively in the event of major incidents and emergencies	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Respond quickly and effectively when people need their help	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Help protect vulnerable people (e.g. VAWG, tackling domestic violence, child abuse, sexual assaults etc.)	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Target persistent offenders	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Tackle the supply of illegal drugs	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Respond to people in mental health crisis	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Reduce youth offending	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Help protect the Island of Jersey from digital crime (e.g. online fraud, cyberbullying and cyberattacks)	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Help ensure the safety of people in town at night by policing St Helier's nightlife	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Help protect the safety of all road users	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>
Provide a visible policing presence in the community and work to tackle their neighbourhood concerns	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>

## Discrimination

**8.1 Do you consider that you have been discriminated against in Jersey on any of the following grounds, within the past 12 months?**

*Tick one box in each row*

	Yes	No	
Your age	01 <input type="radio"/>	02 <input type="radio"/>	
Your gender	01 <input type="radio"/>	02 <input type="radio"/>	
Your race or nationality	01 <input type="radio"/>	02 <input type="radio"/>	
Your sexual orientation	01 <input type="radio"/>	02 <input type="radio"/>	
Your marital status	01 <input type="radio"/>	02 <input type="radio"/>	
Your religion or beliefs	01 <input type="radio"/>	02 <input type="radio"/>	Not applicable
Pregnancy or maternity	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Your disability	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Your gender reassignment (including if you identify as transgender)	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Other reason, <i>please specify</i> _____	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>

**If you were a victim or you witnessed someone being a victim of prejudice or abuse on the basis of the reasons listed in the previous question, please answer the next two questions, otherwise please go to question 9.1**

**8.2 If you were a victim or you witnessed someone else being a victim of prejudice or abuse on the basis of the reasons listed in the previous question, did you report the incident(s) to the police?**

<sup>01</sup> ☐ Yes ► [go to question 9.1](#)

<sup>02</sup> ☐ No

<sup>03</sup> ☐ Not applicable ► [go to question 9.1](#)

**8.3 If you didn't report the incident(s) to the police, please tell us why.**

---

## Fireworks

**9.1 Which of the following would you support or oppose when it comes to fireworks in Jersey?**

<i>Tick one box in each row</i>	Strongly support	Slightly support	Slightly oppose	Strongly oppose	Don't know
Time limits on the sale and use of fireworks (e.g. in a period around Bonfire Night, New Years and other major cultural celebrations)	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>	<sup>05</sup> <input type="radio"/>
Requirement to inform local residents before a fireworks display (public or private)	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>	<sup>05</sup> <input type="radio"/>
Limiting the amount of noise fireworks can make	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>	<sup>05</sup> <input type="radio"/>
A ban on the sale of fireworks to the public	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>	<sup>05</sup> <input type="radio"/>
A total ban on fireworks (including public firework displays)	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>	<sup>05</sup> <input type="radio"/>
No changes should be made to the current rules on fireworks	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>	<sup>05</sup> <input type="radio"/>

## Higher education

**10.1 Please indicate how much you agree or disagree with the following statements about higher education (college or university courses taken after Years 12 and 13 (sixth form)):**

<i>Tick one box in each row</i>	Strongly agree	Slightly agree	Slightly disagree	Strongly disagree	Don't know / not applicable
Everyone should be able to access higher education, regardless of finances	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>	<sup>05</sup> <input type="radio"/>
My family consider opportunities for higher education <u>off-Island</u> affordable	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>	<sup>05</sup> <input type="radio"/>
My family consider opportunities for higher education <u>on-Island</u> affordable	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>	<sup>05</sup> <input type="radio"/>
Government taxes should be spent to offer a wider range of courses <u>on-Island</u>	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>	<sup>05</sup> <input type="radio"/>
The government should introduce student loans alongside grants	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>	<sup>05</sup> <input type="radio"/>
The level of financial support should be linked to a graduate's return to 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"/>	<sup>05</sup> <input type="radio"/>

## Finances

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

- <sup>01</sup> ☐ Very easy  
<sup>02</sup> ☐ Quite easy  
<sup>03</sup> ☐ Neither easy nor difficult  
<sup>04</sup> ☐ Quite difficult  
<sup>05</sup> ☐ Very difficult

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

- <sup>01</sup> ☐ Yes  
<sup>02</sup> ☐ No

### 11.3 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	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>
An internet connection for personal use	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>
A car	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>
A washing machine	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>
A colour television	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>
A telephone (landline or mobile)	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>
Enough heating to keep your home warm	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>
Fresh fruit or vegetables	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>
Cooked main meal each day	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>
Eating meat, chicken or fish every second day, if you wanted to	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>

### 11.4 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	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>
Two pairs of all weather shoes for each adult	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>
New clothes for adults (i.e. not second hand)	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>
Buying presents for religious or special occasions	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>
Weatherproof coat for each child in the household	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>
Two pairs of all weather shoes for each child	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>
New clothes for children (i.e. not second hand)	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <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.

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

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

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

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

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

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

**11.8 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

---

**11.9 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 11.11**
  - ☐ Other, *please specify* \_\_\_\_\_
- 

**11.10 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* \_\_\_\_\_
- 

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

- <sup>01</sup> ☐ Always
  - <sup>02</sup> ☐ Sometimes
  - <sup>03</sup> ☐ Never ► **go to question 11.14**
- 

**11.12 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* \_\_\_\_\_
- 

**11.13 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
- 

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

- <sup>01</sup> ☐ Strongly agree
  - <sup>02</sup> ☐ Slightly agree
  - <sup>03</sup> ☐ Neither agree nor disagree
  - <sup>04</sup> ☐ Slightly disagree
  - <sup>05</sup> ☐ Strongly disagree
-



## Getting involved

### 12.1 How often do you use these sources to find out about local island issues, events and services?

	Several times a week	A few times per month	Rarely	Never
<i>Tick one box in each row</i>				
Social media	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Newspapers – digital or printed	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Magazines – digital or printed	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Television or radio	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
States Assembly / Government websites	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Email newsletters	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Direct mail and leaflets to your home	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Posters, flyers, billboards or outdoor screens	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Via third parties e.g. charities	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
Other, <i>please specify</i> _____	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>

### 12.2 Would you be interested in finding out about local island issues via WhatsApp/SMS?

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

### 12.3 Have you used any of these social media platforms in the last week? *(Tick all that apply)*

- ☐ Facebook  
☐ Instagram  
☐ X (formerly Twitter)  
☐ Bluesky  
☐ LinkedIn  
☐ TikTok  
☐ YouTube  
☐ Other, *please specify* \_\_\_\_\_

### 12.4 Have you visited the following websites in the last 12 months?

	Yes	No	Can't remember
<i>Tick one box in each row</i>			
Government of Jersey (gov.je)	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
States Assembly (statesassembly.je)	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>

### 12.5 Do you plan on voting in the Jersey general election in June 2026?

- 01 ☐ Yes  
02 ☐ No  
03 ☐ Not sure

---

**12.6 Would you consider standing for election to the States Assembly?**

- <sup>01</sup> ☐ Yes, I am planning to stand in 2026
- <sup>02</sup> ☐ I might consider standing in 2026
- <sup>03</sup> ☐ Not in 2026, but I might consider standing for election in the future
- <sup>04</sup> ☐ No, I would not ever consider standing for election
- 

**12.7 To what extent do you understand the role Scrutiny plays in the States Assembly?**

- <sup>01</sup> ☐ I am fully aware of the role of Scrutiny
- <sup>02</sup> ☐ I have some knowledge of the role of Scrutiny
- <sup>03</sup> ☐ I don't know anything about the role of Scrutiny
- 

**12.8 In the last 12 months, have you engaged with a Scrutiny panel or review in any of the following ways?**  
(Tick all that apply)

- ☐ Watched or attended a hearing
- ☐ Talked to a Scrutiny Member at a public engagement stand (e.g. in supermarkets, town etc.)
- ☐ Contacted a Scrutiny Member about a review
- ☐ Completed a survey
- ☐ Submitted a letter/email
- ☐ Commented on social media content posted by a Member or the States Assembly
- ☐ Submitted questions for a public hearing
- ☐ None of the above
- 

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

- ☐ Health and disability (including elderly)
- ☐ Religion or church
- ☐ Culture, heritage or environment
- ☐ Local community or neighbourhood groups
- ☐ Education (children or adults)
- ☐ Sport or recreation
- ☐ Other charities
- ☐ Other, *please specify* \_\_\_\_\_
- ☐ I have not done any volunteering
- 

**12.10 Are you a member of Jersey Heritage?**

- <sup>01</sup> ☐ Yes
- <sup>02</sup> ☐ No
- 

**12.11 Have you visited Jersey Museum since it became free entry (July 2024)?**

- <sup>01</sup> ☐ Yes
- <sup>02</sup> ☐ No
- 

**12.12 Have any children in your household visited Jersey Museum since it became free entry (July 2024)?**  
(Tick all that apply)

- ☐ Yes, with an adult in this household
- ☐ Yes, with friends or family outside this household
- ☐ Yes, with school
- ☐ No
- ☐ Don't know / not applicable
-

### 12.13 How much trust do you have in the following institutions in Jersey?

On a scale of 1 to 10: where 1 means you do not trust at all and 10 means you trust completely

Tick one box in each row

	Not at all								Completely	
Government departments ( <i>staff rather than politicians</i> )	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
States Assembly ( <i>Jersey's elected parliament</i> )	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
Judicial system and courts	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
States of Jersey Police	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
Honorary Police	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
Statistics Jersey	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
Charities	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
Local media	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
Your parish	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩

## Natural environment

### 13.1 How often do you visit these aspects of the natural environment?

	Weekly	Monthly	Once or twice a year	Never
Beaches	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>
Coastal paths	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>
Inland paths and woods	<sup>01</sup> <input type="radio"/>	<sup>02</sup> <input type="radio"/>	<sup>03</sup> <input type="radio"/>	<sup>04</sup> <input type="radio"/>

### 13.2 Do any of the following prevent you from visiting the natural environment (e.g. beaches, footpaths, woods)? (Tick all that apply)

- ☐ Can't get there
- ☐ The terrain is too difficult for me
- ☐ Not interested
- ☐ Lack of time
- ☐ Other, *please specify* \_\_\_\_\_
- ☐ There is nothing preventing me from visiting the natural environment

### 13.3 Overall, how important is accessing Jersey's natural environment to you?

- <sup>01</sup> ☐ Very important
- <sup>02</sup> ☐ Somewhat important
- <sup>03</sup> ☐ Neither important nor unimportant
- <sup>04</sup> ☐ Somewhat unimportant
- <sup>05</sup> ☐ Very unimportant

## General health

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

- <sup>01</sup> ☐ Very good  
<sup>02</sup> ☐ Good  
<sup>03</sup> ☐ Fair  
<sup>04</sup> ☐ Bad  
<sup>05</sup> ☐ Very bad

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

- <sup>01</sup> ☐ Yes  
<sup>02</sup> ☐ No ► [go to question 14.4](#)

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

- <sup>01</sup> ☐ Yes, a lot  
<sup>02</sup> ☐ Yes, a little  
<sup>03</sup> ☐ No

### 14.4 Do you have or are you concerned you might have...?

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

### 14.5 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 14.7](#)  
☐ Prefer not to say ► [go to question 14.7](#)

### 14.6 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* \_\_\_\_\_

---

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

metres

*or*

feet,

inches

---

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

kilograms

*or*

stone,

pounds

---

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

<sup>01</sup> ☐ Less than 5 hours

<sup>02</sup> ☐ 5 to 6 hours

<sup>03</sup> ☐ 7 to 8 hours

<sup>04</sup> ☐ 9 hours or more

---

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

<sup>01</sup> ☐ Daily or almost daily

<sup>02</sup> ☐ Once or twice a week

<sup>03</sup> ☐ A few times

<sup>04</sup> ☐ Never

---

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

<sup>01</sup> ☐ Yes

<sup>02</sup> ☐ No ► [go to question 14.13](#)

---

**14.12 If yes, have you had a hearing test?**

<sup>01</sup> ☐ Yes

<sup>02</sup> ☐ No

---

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

<sup>01</sup> ☐ Yes

<sup>02</sup> ☐ No ► [go to question 14.15](#)

---

**14.14 If yes, have you seen an optician?**

<sup>01</sup> ☐ Yes

<sup>02</sup> ☐ No

---

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

<sup>01</sup> ☐ Yes

<sup>02</sup> ☐ No

---

**14.16 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”.**

<sup>01</sup> ☐ Strongly agree

<sup>02</sup> ☐ Slightly agree

<sup>03</sup> ☐ Neither agree nor disagree

<sup>04</sup> ☐ Slightly disagree

<sup>05</sup> ☐ Strongly disagree

---

# Breastfeeding

15.1 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"/>

15.2 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

16.1 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	

16.2 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	

16.3 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	

16.4 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	

- 16.5** 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
---	---	---	---	---	---	---	---	---	---	----

- 16.6** 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"/>

- 16.7** 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	

- 16.8** 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"/>

- 16.9** 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

---

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

- <sup>01</sup> ☐ Daily  
<sup>02</sup> ☐ Weekly  
<sup>03</sup> ☐ Monthly  
<sup>04</sup> ☐ Rarely  
<sup>05</sup> ☐ 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).

---

**17.1 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)?**

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

**17.2 Thinking about the total time doing sport or physical activity that you told us about in question 17.1, 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.

---

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

Portions

---



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

- <sup>01</sup> ☐ Never ► [go to question 17.10](#)
- <sup>02</sup> ☐ Once a month or less
- <sup>03</sup> ☐ 2-4 times a month
- <sup>04</sup> ☐ 2-3 times a week
- <sup>05</sup> ☐ 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

---

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

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

**17.6 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?**

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

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

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

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

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

---

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

- <sup>01</sup> ☐ No
- <sup>02</sup> ☐ Yes, but not in the last year
- <sup>03</sup> ☐ Yes, during the last year

---

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

- <sup>01</sup> ☐ I have never smoked / I don't smoke ► [go to question 17.12](#)
- <sup>02</sup> ☐ I used to smoke occasionally, but don't now ► [go to question 17.12](#)
- <sup>03</sup> ☐ I used to smoke daily, but don't now ► [go to question 17.12](#)
- <sup>04</sup> ☐ I smoke occasionally, but not every day
- <sup>05</sup> ☐ I smoke daily

---

**17.11 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>

---

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

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

---

## Travel

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**18.1 In an average week, how many of your journeys are made using active travel (walking, wheeling, cycling or running)? (Tick one only)**

- <sup>01</sup> ☐ Most of my journeys
- <sup>02</sup> ☐ Some of my journeys
- <sup>03</sup> ☐ None of my journeys

---

**18.2 What would encourage you to walk, wheel, cycle or run to your destination (e.g. work, school, shops)? (Tick all that apply)**

- ☐ Better facilities at or near your destination (e.g. showers, lockers, changing rooms)
- ☐ A place to store my bicycle/equipment near my destination
- ☐ Financial support to purchase a bicycle or other equipment
- ☐ Access to shared bicycles
- ☐ Courses to help me feel more confident walking/cycling
- ☐ Other, *please specify* \_\_\_\_\_
- ☐ Nothing would encourage me to use active modes of transport
-

**18.3 Do you own a vehicle (car, van or motorcycle)?**

<sup>01</sup> ☐ Yes

<sup>02</sup> ☐ No ► [go to question 18.5](#)

**18.4 How do you fuel your vehicle(s)?** *(Tick all that apply)*

☐ Diesel

☐ Petrol

☐ 100% Biofuels (e.g. Eco Diesel 100, RD100, Bio-Max100, GREEND, HVO)

☐ Electricity

☐ Other, *please specify* \_\_\_\_\_

► **If you don't work, please skip the next four questions**

**18.5 Do you work in town?**

<sup>01</sup> ☐ Yes

<sup>02</sup> ☐ No

**18.6 How do you usually travel to work (on a typical day)?**

*Tick one only - for the longest part, by distance, of your usual journey to work*

<sup>01</sup> ☐ Car or van on my own

<sup>02</sup> ☐ Car or van with other people

<sup>03</sup> ☐ Walk or run ► [go to question 18.8](#)

<sup>04</sup> ☐ Cycle ► [go to question 18.8](#)

<sup>05</sup> ☐ Motorbike / moped ► [go to question 18.8](#)

<sup>06</sup> ☐ Bus ► [go to question 18.8](#)

<sup>07</sup> ☐ I work from home / I live at my place of work ► [go to question 18.8](#)

<sup>08</sup> ☐ Taxi ► [go to question 18.8](#)

**18.7 How is the vehicle you usually travel to work in fuelled?** *(Tick one only)*

<sup>01</sup> ☐ Diesel

<sup>02</sup> ☐ Petrol

<sup>03</sup> ☐ 100% Biofuels (e.g. Eco Diesel 100, RD100, Bio-Max100, GREEND, HVO)

<sup>04</sup> ☐ Electricity

<sup>05</sup> ☐ Other, *please specify* \_\_\_\_\_

<sup>06</sup> ☐ Don't know

**18.8 How often do you use any other methods of travel to work as the longest part (by distance) of your journey?**

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

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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](http://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**

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