



JERSEY OPINIONS & LIFESTYLE SURVEY

Jersey Opinions and Lifestyle Survey 2020

What do I do?

Please could the person in your household who has the next birthday, and is 16 years old or over, fill in the survey by **Monday 6 July**.

How do I fill it in?

You can fill it in online at www.gov.je/survey2020. Your reference is:

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

Completed questionnaires (either online or by post) will be entered in the draw for £250

For more information

Go to www.gov.je/statistics and www.gov.je/HowWeUseYourInfo
You can email us at statistics@gov.je or phone us on 440425.

Thank you.

About you

1.1 What is your sex?

- ⁰¹ Male
⁰² Female
-

1.2 In what year were you born?

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

- ⁰¹ Jersey
⁰² Elsewhere in the United Kingdom*, 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:* _____

* includes: England, Wales, Scotland and Northern Ireland

Employment – your main job

2.1 Tick the one which best described your situation before the coronavirus (COVID-19) outbreak:

- | | |
|---|---|
| ⁰¹ <input type="radio"/> Working for an employer full-time | ⁰⁶ <input type="radio"/> Retired |
| ⁰² <input type="radio"/> Working for an employer part-time | ⁰⁷ <input type="radio"/> Unemployed, looking for work |
| ⁰³ <input type="radio"/> Self-employed, employing others | ⁰⁸ <input type="radio"/> Unemployed, <i>not</i> looking for work |
| ⁰⁴ <input type="radio"/> Self-employed, not employing others | ⁰⁹ <input type="radio"/> In full-time education |
| ⁰⁵ <input type="radio"/> Unable to work due to long-term sickness/disability | ¹⁰ <input type="radio"/> A homemaker |
| | ¹¹ <input type="radio"/> Other, <i>please specify:</i> _____ |
-

2.2 Tick the one which best describes your current situation:

- | | |
|---|---|
| ⁰¹ <input type="radio"/> Working for an employer full-time | ⁰⁷ <input type="radio"/> Retired |
| ⁰² <input type="radio"/> Working for an employer part-time | ⁰⁸ <input type="radio"/> Unemployed, looking for work |
| ⁰³ <input type="radio"/> Being paid by employer but temporarily unable to work due to COVID-19 | ⁰⁹ <input type="radio"/> Unemployed, <i>not</i> looking for work |
| ⁰⁴ <input type="radio"/> Self-employed, employing others | ¹⁰ <input type="radio"/> In full-time education |
| ⁰⁵ <input type="radio"/> Self-employed, not employing others | ¹¹ <input type="radio"/> A homemaker |
| ⁰⁶ <input type="radio"/> Unable to work due to long-term sickness/disability | ¹² <input type="radio"/> Other, <i>please specify:</i> _____ |
-

▶ If you are currently working or were working just before the coronavirus (COVID-19) outbreak, please answer the following questions

▶ Otherwise go to question 3.1 “Your Household”

2.3 Which industry do /did you work in, for your main job? *(Tick the **one** which is most appropriate to you)*
If you are currently not working due to the coronavirus (COVID-19) outbreak please select the industry of your previous job

- ⁰¹ Agriculture and fishing
- ⁰² Finance (including legal & insurance)
- ⁰³ Construction & tradesmen
- ⁰⁴ Wholesale & retail
- ⁰⁵ Transport & storage (including Jersey Airport, Harbours, Post)
- ⁰⁶ Information & communication services (including IT, telecoms, marketing, advertising)
- ⁰⁷ Private education or private health
- ⁰⁸ Hotels, restaurants and bars
- ⁰⁹ Public sector
- ¹⁰ Other, *please specify:* _____
-

2.4 Are you working from home (at least some of the time)?

- ⁰¹ Yes
- ⁰² No ... ► *go to question 2.6*
- ⁰³ I am not currently working ... ► *go to question 2.6*
-

2.5 If you answered yes, was home your usual place of work before the coronavirus (COVID-19) outbreak?

- ⁰¹ Yes
- ⁰² No
-

2.6 In which of the following ways has the coronavirus (COVID-19) outbreak impacted your work? *(Tick all that apply)*

- Increase in hours worked
- Decrease in hours worked (e.g. reduced opening times, availability of work)
- Still being paid by employer but not working
- Temporary closure of own business
- Increase in pay
- Decrease in pay
- Permanent closure of own business
- Redundancy
- None of the above
-

2.7 In what other ways has coronavirus (COVID-19) impacted your work? *(Tick all that apply)*

- Asked to take leave (including paid or unpaid leave)
- Unable to take leave
- I am worried about my health and safety at work
- Having to work around childcare / home schooling responsibilities
- Unable to work at all due to childcare / home schooling responsibilities
- Having to work around other caring responsibilities
- Unable to work at all due to other caring responsibilities
- Other, *please specify* _____
- None of the above
-

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 65 years or older:

Adults aged 16 to 64 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?

- 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 What is the type of your accommodation? (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

3.4 Approximately, what was your total gross household income in 2019 (before tax and social security deductions)?

- ⁰¹ Less than £20,000
- ⁰² £20,000 - £39,999
- ⁰³ £40,000 - £59,999
- ⁰⁴ £60,000 - £79,999
- ⁰⁵ £80,000 - £99,999
- ⁰⁶ £100,000 or more

3.5 How have your household finances been affected by the coronavirus (COVID-19) outbreak?

- ⁰¹ Got a lot better
- ⁰² Got a little better
- ⁰³ Stayed the same
- ⁰⁴ Got a little worse
- ⁰⁵ Got a lot worse
- ⁰⁶ Don't know
-

3.6 How do you expect the financial situation of your household to change over the next 12 months?

- ⁰¹ Get a lot better
- ⁰² Get a little better
- ⁰³ Stay the same
- ⁰⁴ Get a little worse
- ⁰⁵ Get a lot worse
- ⁰⁶ Don't know
-

Your health

4.1 How is your health in general? Would you say it was

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

4.2 Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?

- ⁰¹ Yes ... ► go to the next question
- ⁰² No ... ► go to question 4.4
-

4.3 Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities? (Tick one only)

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

4.4 Have you, or anyone in your household, delayed seeking any medical treatment or medical advice due to the coronavirus (COVID-19) outbreak?

- ⁰¹ Yes ... ► go to the next question
- ⁰² No ► go to question 4.6
- ⁰³ Don't know ► go to question 4.6
-

4.5 If you answered yes, for what reason(s) was this? (Tick all that apply)

- Concerned about catching coronavirus (COVID-19) whilst receiving care
- Wanted to avoid putting pressure on health services
- Concerned about leaving home
- Concerned about the financial cost
- Did not know how to access help
- Was not able to access help
- Thought help was unavailable
- Other, *please specify* _____
-

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

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

4.7 Since the coronavirus (COVID-19) outbreak, are you undertaking sport or physical activity more or less often than before? *(Tick one only)*

- ⁰¹ More often
- ⁰² No difference
- ⁰³ Less often

Wellbeing

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

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



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

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



5.3 Overall, how happy did you feel yesterday?

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



5.4 Overall, how anxious did you feel yesterday?

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



5.5 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)*



5.6 Since the coronavirus (COVID-19) outbreak, would you say your life is *(Tick one only)*

- ⁰¹ Much better
 - ⁰² A little better
 - ⁰³ No different
 - ⁰⁴ A little worse
 - ⁰⁵ Much worse
-

Smoking

6.1 Do you use electronic cigarettes ('e-cigarettes')? *(Tick one only)*

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

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

- ⁰¹ I have never smoked / I don't smoke
 - ⁰² I used to smoke occasionally, but don't now
 - ⁰³ I used to smoke daily, but don't now
 - ⁰⁴ I smoke occasionally, but not every day
 - ⁰⁵ I smoke daily
-

6.3 Since the coronavirus (COVID-19) outbreak, are you smoking, either e-cigarettes or tobacco products, more or less often than before? *(Tick one only)*

- ⁰¹ More often
 - ⁰² No difference
 - ⁰³ Less often
 - ⁰⁴ Not applicable
-

Drinking

7.1 How often do you have a drink containing alcohol?

- ⁰¹ Never ... ► [go to question 8.1](#)
- ⁰² Once a month or less
- ⁰³ 2-4 times a month
- ⁰⁴ 2-3 times a week
- ⁰⁵ 4 or more times a week
-

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

7.2 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
-

7.3 Since the coronavirus (COVID-19) outbreak, are you drinking alcohol more or less often than before? (*Tick one only*)

- ⁰¹ More often
- ⁰² No difference
- ⁰³ Less often
-

Coronavirus (COVID-19)

This section refers to the disease and its related knock-on effects.

8.1 How worried are you that you or someone in your family will be infected by coronavirus (COVID-19)?

- ⁰¹ Very worried
⁰² Somewhat worried
⁰³ Neither worried nor unworried
⁰⁴ Somewhat unworried
⁰⁵ Not at all worried
-

8.2 To what extent are you worried about the effect of coronavirus (COVID-19) on your life right now?

- ⁰¹ Very worried
⁰² Somewhat worried
⁰³ Neither worried nor unworried
⁰⁴ Somewhat unworried
⁰⁵ Not at all worried
-

8.3 What impact has the coronavirus (COVID-19) outbreak had on...?

Tick one on each row

	Positive impact	Neutral impact	Negative impact	Not applicable
Your physical health	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	
Your mental health	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	
Your job security	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>
Your work-life balance	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>
Your relationships	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>
Your children's educational progress	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>
Your children's overall wellbeing	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>

8.4 Thinking now about the impact of coronavirus (COVID-19) on children, how worried are you about...?

Tick one on each row

	Very worried	Fairly worried	Not very worried	Not at all worried
The education of children in Jersey	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>
The safety of children in Jersey	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>
The wellbeing of children in Jersey	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>

8.5 Since the start of the coronavirus (COVID-19) outbreak, how often have you felt...?

Tick one on each row

	Always	Often	Sometimes	Never
Lonely	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>
Stressed or anxious	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>
Bored	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>
Worried about the future	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>

8.6 How often are you doing the following activities now compared to before the coronavirus (COVID-19) outbreak?

Tick one on each row

	More often	About the same	Less often	Not applicable
Meeting in person with family members	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>
Chatting on the phone or online with family members	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>
Meeting in person with friends	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>
Chatting on the phone or online with friends	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>
Meeting in person with neighbours	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>
Chatting on the phone or online with neighbours	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>

8.7 How long do you think it will be before life returns to normal?

- ⁰¹ Less than 3 months
 - ⁰² 4 to 6 months
 - ⁰³ 7 to 9 months
 - ⁰⁴ 10 to 12 months
 - ⁰⁵ More than a year
 - ⁰⁶ Never
 - ⁰⁷ Not sure
-

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 later this year on www.gov.je/statistics.

Please post back in the Freepost envelope, or to:

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You can view our full privacy statement at www.gov.je/Statistics