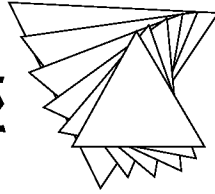


« LE BIEN-ÊTRE DES GLBT »
« UNE COLLABORATION COMMUNAUTAIRE »

LE PROJET MIEUX-ÊTRE



"GLBT WELLNESS"
"A COMMUNITY COLLABORATION"

THE WELLNESS PROJECT

This is your opportunity to take part in a very exciting project -

The Gay, Lesbian, Bisexual and Transgender (GLBT) Wellness Project of Ottawa - Carleton

This study is being sponsored by Pink Triangle Services (PTS)
and is funded by the Region of Ottawa-Carleton and the Ontario Trillium Foundation.

We have enclosed a flyer which explains who we are and how you can reach us.

This study will help answer important questions about our
individual wellness and our community's well-being such as:

- What services do we use now and how satisfied are we?
- What do we need in our community?
- What strengths do we have?

THIS SURVEY IS ANONYMOUS.

Please use the self-addressed envelope to return the survey to us by mail.

PLEASE DO NOT COMPLETE THE SURVEY MORE THAN ONCE.

If, for any reason, you need help completing the questionnaire, please call 613-237-9872, ext. 2585 and leave a message to let us know how we can contact you. We guarantee complete discretion.

To make sure the study accurately represents our population, it is very important
that everyone who receives this questionnaire completes it.

THIS SURVEY IS AVAILABLE ON-LINE AT: www.pinktriangle.org/wellness

PLEASE TELL YOUR FRIENDS!

WE THANK YOU IN ADVANCE FOR YOUR PARTICIPATION.

SECTION 1 Where did you hear about this survey?

1.1. I got this survey from: (Please check one)

- A friend
- My doctor or other service provider
- A GLBT organization or event
(please specify) _____
- A GLBT business or establishment
(please specify) _____
- A Web site
- Other (Please specify) _____

SECTION 2 First, tell us a bit about yourself

2.1. I live in:

- Ottawa
- Gloucester
- Rockcliffe Park
- Nepean
- Vanier
- Osgoode
- Rideau
- West Carleton
- Cumberland
- Kanata
- Goulbourn
- other (please specify) _____

2.2. I would describe my neighbourhood as:

- urban/downtown
- suburban/residential
- rural
- other (please specify) _____

2.3. I have lived in the Ottawa area:

- less than 1 year or
- >1 year - please indicate no. of ye as _____

2.4. I live with: (please check all that apply)

- no one, I live by myself
- female partner
- male partner
- children - Please indicate gender and age of each (e.g. M12,F12,M5) _____
- roommate(s)
- friend(s)
- parent(s)/step-parents(s)
- pet(s)
- other (please describe) _____

2.5. The total number of people in my household is _____.

2.6. I have lived in my current place of residence:

- less than 1 year, or
- >1 year - please indicate no. of ye as _____

2.7. In the last 2 years I have moved _____ times.

2.8. My current place of residence is:

- a private house
- an apartment
- a rooming house
- a seniors residence/retirement home
- a student residence or dormitory
- a shelter
- a detention centre
- other (please describe) _____

2.9. Do you:

- own/co-own this home
- pay rent
- pay room and/or board
- live rent free
- other (please describe) _____

2.10. How satisfied are you with your current place of residence

- very dissatisfied 1 2 3 4 5 very satisfied

2.11. Please tell us why you feel this way:

2.12. My year of birth is: 19__ __

2.13. I identify as: (please check all that apply)

- Gay
- Lesbian
- Bisexual
- Intersex
- Two spirit
- Heterosexual
- Questioning
- other (please describe) _____

2.14. My gender is (Check only one):

- Male
 Transsexual, (male to female)
 Female
 Transsexual, (female to male)
 Transgender
 Other (please describe) _____

2.15. Please indicate whether or not the following statements generally apply to you.

Yes Some of the Time No Does not Apply

It is safe for me to be known as gay, lesbian, bisexual and/or transgender in my:

▪ place of work

▪ school

▪ neighbourhood

▪ place of worship

I am "out" to those I live with

I am "out" to other gay, lesbian, bisexual and/or transgender persons living in my area

I am generally quite open about being gay, lesbian, bisexual and/or transgender

I have told most of the people in my life that I am gay, lesbian, bisexual and/or transgender

I generally try to hide the fact that I am gay, lesbian, bisexual and/or transgender

I currently take part in gay, lesbian, bisexual and/or transgender organizations, groups and/or other events

In the past I have taken part in gay, lesbian, bisexual and/or transgender organizations, groups and/or other events

2.16. I have let the following people know that I am gay, lesbian, bisexual and/or transgender (Please check an answer after each category)

	Yes	No	Some	Doesn't Apply
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sister(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other relatives/ family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opposite sex partner (if you are currently in an opposite sex relationship)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My partner's children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Close friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friend/acquaintances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighbours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boss/supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's teachers/ child care providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual leader/ minister/priest, rabbi etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Members of my church place of worship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular doctor/health care provider(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.17. I began the process of identifying my sexual and gender identity to someone other than myself, ("coming out") at age _____ or,
 I have not begun the process yet

2.18. In the past 12 months, have you participated and/or volunteered in any GLBT activities, organizations and support groups (such as PTS, PRIDE, P-FLAG, SAGE, Pink Triangle Youth) in our region?
 YES NO If not, why not? _____

2.19. If applicable, please list the GLBT organizations you have participated and/or volunteered in within the last twelve (12) months:

2.20. If you participated as a volunteer, what is the main thing you got out of your participation?

2.21. Do you feel there are enough "GLBT friendly" places to go and things for you to do in Ottawa-Carleton?
 YES NO
 What would you like to see more of?

2.22. In general, how safe do you feel in Ottawa-Carleton as a gay, lesbian, bisexual and/or transgender person?
 very safe 1 2 3 4 5 very unsafe

2.23. I feel this way because: _____

2.24. Is there anywhere in Ottawa-Carleton that you do **not** feel safe as a gay, lesbian, bisexual and/or transgender person...

During the day time? YES NO

At night? YES NO

2.25. If you answered YES to Question 2.23, please tell us where you do not feel safe and why?

2.26. In general, how accepted do you feel in Ottawa-Carleton as a gay, lesbian, bisexual and/or transgender person?

very 1 2 3 4 5 very
accepted unaccepted

2.27. I feel this way because: _____

2.28. If there is anywhere in Ottawa-Carleton that you do not feel accepted as a GLBT person, can you tell us where and why?

SECTION 3 - Tell us about your general health.

3.1. In general, would you say your health is

excellent very good good
 fair poor

3.2. Compared to one year ago, how would you say your health is? Is it...

much better than 1 year ago
 better than one year ago
 about the same
 somewhat worse than 1 year ago
 much worse than 1 year ago

3.3. Thinking about the amount of stress in your life, would you say that most days are:

1 2 3 4 5
not at all very
stressful stressful

3.4. Do you have a regular health care provider (such as a family doctor, nurse practitioner or health centre) where you go for routine medical check-ups or for specific health concerns?

YES, I have a family doctor
 YES, I have another regular health care provider (Please describe)

NO, I do not have anyone I see on a regular basis (Please explain why not) _____

IF YOU HAVE NO REGULAR HEALTH CARE PROVIDER, GO TO QUESTION 3.10

QUESTIONS 3.5 to 3.9 refer to your family doctor or the health care provider that you see most often for routine medical check-up and specific health concerns.

3.5. How satisfied are you with the care/advice you receive from your regular health care provider?

very 1 2 3 4 5 very
satisfied dissatisfied

3.6. Why? _____

3.7. How is your regular health care provider to you (or is it generally understood) that he/she is gay, lesbian, bisexual and/or transgender?

YES NO

3.8. If NO, would you prefer to see someone who is gay, lesbian, bisexual and/or transgender?

YES NO Doesn't matter

3.9. If you are in a couple relationship, does your regular health care provider acknowledge your partner's role in your life?

YES NO Does not apply to me

EVERYONE PLEASE ANSWER

3.10. When was the last time you saw a health care provider for a general medical check-up

Less than 1 year ago 1-2 years ago
 2-5 years ago More than 5
 Never years ago

3.11. Do you have any health conditions that have been diagnosed by a health professional (such

as depression, anxiety disorder, HIV/AIDS, cancer, heart disease, or diabetes, etc.) and that have lasted or are expected to last 6 months or more:

- YES Please describe your health condition(s) _____
 NO _____

3.12. Do you have any difficulty hearing, seeing, communicating, walking, climbing stairs, bending, learning or doing any other similar activities:

- Sometimes Often Never

3.13. Do you use any aids in your daily life? Do you use....

- a mobility aid such as wheel chair, walker or cane YES NO

IF YES, Please describe _____

- a sight aid such as guide dog, white cane YES NO

IF YES, Please describe _____

- a hearing aid YES NO

- another aid, YES NO

Please describe _____

3.14. Are you limited in the kind or amount of activity you can do, because of a long-term (6 months or longer) physical or mental health condition?

- YES NO

IF YES, Please describe your limitation(s) _____

3.15. Please check if any of the following services you have used in the last 5 years. If you received negative treatment because you were **gay, lesbian, bisexual and/or transgender**. Check if you complained and if you were satisfied with the outcome.

	used in the past 5 years	received negative or poor treatment	check if you complained	check if you were satisfied with the outcome of the complaint
Addiction services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative therapies (e.g. naturopath)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chiropractor/massage/physio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counseling/therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Divorce Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Services (ambulance, fire, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral Services (e.g. pre-arrangement, wake, burial)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital Emergency Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	used in the past	received negative or treatment	check if you complained	check if you were satisfied with the complaint
Hospital in-patient services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital out-patient services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public/subsidized housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior services (e.g. nursing and retirement homes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services for immigrants/newcomers/refugees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shelters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suicide/crisis lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk-in medical clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Welfare/social services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth services (Please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.16. Other services you have used in the last 5 years, and what your experience was

3.17. Based on your experiences, how much do you think each of the following is needed in Ottawa-Carleton?

	Not needed	Somewhat needed	Needed a lot
Sensitivity training for mainstream health and social service providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More services exclusively designed for GLBT persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A centrally located service/community centre which would offer GLBT residents of Ottawa-Carleton services such as: legal services, housing help, alternative wellness services, regular health check-ups, special health clinics, HIV screening, mammograms, men's programs, social and recreational programs, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A resource guide of wellness information and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An internet on-line registry of "GLBT" friendly service providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More places to socialize	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.18. What else is needed? _____

3.19. In the past 12 months I have...	Yes	No	Does not apply to me
Exercised regularly (2-3 times/week)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participated regularly (weekly or monthly) in a social activity or club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improved my diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developed ways to relax more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learned to manage my stress better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gone back to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quit or reduced substance use (alcohol, smoking, drugs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left a relationship that wasn't working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practiced safer sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had an HIV test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had a pap smear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performed a breast self-exam every month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had a mammogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had a check up for testicular cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had a check for prostate cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had a check for colon cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.20. Other things I have done to maintain or improve my overall wellness are: (please describe)

3.21. Is there anything preventing you from doing the things that you think are needed to maintain or improve your overall health and well-being?

- YES (Please describe) _____
- NO _____

3.22. When you need information or advice about your health and well-being, where do you go FIRST for this information or advice? (Please check one)

- Family
- Friends
- The library
- The phone book
- Capital Xtra
- The Internet
- "In the Pink"
- Information help line
- PTS Gayline
- Local GLBT businesses (bulletin boards, pamphlets)
- Health care or other professional (Please specify) _____
- Other resource directories (Please specify) _____
- Other sources (Please specify) _____

3.23. Please list your favorite:

TV station _____

Newspaper _____

Radio station _____

Magazine _____

3.24. Please check if any of the following are issues for you?

	Is this an issue for you?		If this is a concern, are you getting the help and support you need?	
	YES	NO	YES	NO
Coming out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding a partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staying in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homophobia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Death of a loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caring for an ill loved one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance use (alcohol, drugs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job search/job loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The end of a relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child custody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy/adoption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling suicidal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence in a relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loneliness/isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting and child rearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involvement with criminal justice system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.25. Do you have any other major issues/concerns in your life. Describe and specify if you are getting the help you need? _____

SECTION 4 - Community and Social Support

4.1 How many people, including relatives, do you consider to be your close friends, that is people you feel at ease with and to whom you can talk about what is on your mind? _____ (number)

4.2 How many of these friends are gay, lesbian, bisexual and/or transgender people? ____ (number) or ____%

4.3 Do you keep in regular touch with your:

	None	Some	All	Does not apply
Parents/Step-parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sister(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.4 Do you feel you have someone you could turn to if you needed:	YES, I could turn to my GLBT friends and loved ones	YES, I could turn to my children/family	YES, there are others I could turn to	NO, there is no one I could turn to
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A helping hand with things like meals, rides, child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Someone to listen to you when you need to talk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------	--------------------------	--------------------------

Someone to show you love and affection and help you feel like a good person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	--------------------------	--------------------------

Someone to relax with, go out and have fun with, enjoy doing things with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------	--------------------------	--------------------------

Someone to provide advice or connect you to the right source of help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------	--------------------------	--------------------------

Someone to call in an emergency or crisis anytime of the day or night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	--------------------------	--------------------------

Someone who would give you a loan or money to tide you over if you need it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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4.5 Some people feel there is a strong sense of "community" among gay, lesbian, bisexual and/or transgender people. Do you feel like you belong to the Ottawa - Carleton GLBT community in some way?

- YES
- NO GO TO QUESTION 4.7

4.6 If YES, how would you describe your sense of belonging to the Ottawa-Carleton GLBT community?

- Very strong
- Somewhat strong
- Somewhat weak
- Very weak

4.7. Do you feel that spirituality is important to your physical and emotional well-being as a GLBT person?
 YES NO GO TO QUESTION 5.1

4.8. Do you participate in a faith community now?
 YES (Please describe) _____

 NO GO TO QUESTION 4.11

4.9. Does your faith community provide meaningful emotional and spiritual support for your needs as a GLBT person?
 YES NO IF NO, please explain _____

4.10. Do you participate in the faith community of your childhood family?
 YES NO IF NO, Why not? _____

4.11. Have you ever felt personally oppressed by your faith community because you are GLBT?
 YES, Please explain: _____

 NO

SECTION 5 - Your sexual health and relationships.

5.1. What is your current relationship status? (check all that apply)

- Not in a relationship
- In a relationship with a person of the same sex
How long have you been together? ____ (number of years)
Do you live together? YES NO IF YES, For how long? ____ (number of years)
- In a relationship with a person of the opposite sex
How long have you been together? ____ (number of years)
Do you live together? YES NO IF YES, For how long? ____ (number of years)
- Married ____ (number of years)
- Widowed ____ (number of years)
- Separated ____ (number of years)
- Divorced ____ (number of years)
- Other (please describe) _____

5.2. If you are transgender and in a relationship:
Are you still with the same partner as before your gender identity change?
 YES NO Does not apply

5.3. Which of the following best describes your sex life over the past 12 months?

- I have not had sex with another person
- I have had sex with men only (number of partners) _____
- I have had sex with women only (number of partners) _____
- I have had sex with men and women (number of partners) _____
- I have had sex with a transgender person (number of partners) _____

5.4. The following is an issue for me right now:

YES NO

- Finding a place that is comfortable to discuss my sexual health
- Finding services for a sexual problem/concern
- Differences between me and my partner about sexual relations
- Keeping sexual life alive in a long-term relationship
- Having sex for the first time
- Finding information on safer sex practices and sexual health
- Disclosing my HIV status before having sex
- Disclosing my gender identity before sex

5.5. Please describe any other sexual and/or relationship issues that you have at this time.

SECTION 6 - Crime and Harassment

6.1. How often have the following things happened to you because someone believed you were gay, lesbian, bisexual and/or transgender?

- Someone verbally insulted or abused you?
 - never once twice
 - three or more times

- Someone threatened you with violence?
 - never once twice
 - three or more times

- You were a victim of a crime or attempted crime such as domestic violence, physical attack, sexual assault, robbery, or vandalism?
 - never once twice
 - three or more times

6.2. The last time this happened did you report it to the police?

- YES, What happened? _____

- NO, Why not? _____

6.3. Have you ever been discriminated against in a job, housing, or services?

- YES
- NO GO TO QUESTION 7.1

6.4. The last time you were discriminated against in a **job**, did you report it to anyone?

- YES, To whom and what happened?

- NO, Why not? _____

6.5. The last time you were discriminated against in **housing**, did you report it to anyone?

- YES, To whom and what happened?

- NO, Why not? _____

6.6. The last time you were discriminated against in receiving **services**, did you report it to anyone?

- YES, To whom and what happened?

- NO, Why not? _____

SECTION 7 - Finally, a few more important questions about yourself.

7.1. Please check your main activity / activities:
(please check all that apply)

- employed full-time
 - in the public/government sector?
 - in the private sector?
- employed part-time
- self-employed with your own business
- going to school full-time
- going to school part-time
- caring for children or other family members
- unemployed and looking for work
- retired
- volunteer
- on disability or recovering from an illness:
- other (please describe) _____

7.2 Do you have any extra health related benefits such as a dental plan, or disability insurance offered to you through your work or elsewhere (in addition to the universal benefits through OHIP)

- YES (Please describe) _____
- NO go to question 7.7
- Don't know go to question 7.7

7.3. Do your extra health benefits cover same sex partners?

- YES NO DONT KNOW

7.4. Would you feel comfortable accessing these benefits?

- YES NO DONT KNOW

If NO, Why not? _____

7.5 Do your extra health benefits cover transgender health costs (surge & hormones)

- YES NO DONT KNOW

7.6. Would you feel comfortable accessing these benefits?

- YES NO DONT KNOW

If NO, Why not? _____

7.7 What was your total income (gross - before deductions) from all sources in the past 12 months

	My personal income:	My household income:
Under \$5000	<input type="checkbox"/>	<input type="checkbox"/>
\$5,000-\$9,999	<input type="checkbox"/>	<input type="checkbox"/>
\$10,000-\$14,999	<input type="checkbox"/>	<input type="checkbox"/>
\$15,000-\$19,999	<input type="checkbox"/>	<input type="checkbox"/>
\$20,000-\$29,999	<input type="checkbox"/>	<input type="checkbox"/>
\$30,000-\$39,999	<input type="checkbox"/>	<input type="checkbox"/>
\$40,000-\$59,999	<input type="checkbox"/>	<input type="checkbox"/>
\$60,000-\$79,999	<input type="checkbox"/>	<input type="checkbox"/>
\$80,000-\$99,000	<input type="checkbox"/>	<input type="checkbox"/>
\$100,000 or more	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

7.8. What is your highest level of completed schooling?

- some or completed elementary school
- some high school
- high school graduate
- technical or trade school
- some college/university
- college degree
- university degree
- graduate degree
- other (please describe) _____

7.9. In what country were you born?

Canada outside Canada (please specify country) _____

(If born outside Canada) In what year did you first come to Canada to live? 19__

7.10. To which ethnic or cultural group(s) did your ancestors belong? (for example, French, Scottish, Somali, Italian, Jewish, etc)

7.11. People living in Canada come from many different cultural and racial backgrounds. Are you?

Choose all that apply:

Aboriginal White Chinese Black Filipino

Arab Japanese Korean Latin American

West Asian (e.g., Afghan, Iranian) South Asian (e.g., East Indian, Pakistani, Sri Lankan)

Southeast Asian (e.g., Cambodian, Indonesian, Laotian, Vietnamese)

Other (please specify) _____

7.12. What language you prefer to receive services in?

English French Either French or English Other (please specify) _____

SECTION 8 The last word is yours

If you were asked to choose three strengths that gay, lesbian, bisexual and/or transgender people in Ottawa-Carleton bring to each other and the community at large, what would you choose?

1. _____

2. _____

3. _____

If you had a magic wand, and could make three wishes come true to improve your life as a gay, lesbian, bisexual and/or transgender person, in Ottawa - Cl eon what would these three wishes be?

1. _____

2. _____

3. _____

Would you be interested in becoming a volunteer in the GLBT community?

YES NO

IF YES, Please contact us (see next page)

