The Inside Out Project Questionnaire

Sept - Nov. 2006

The information to be registered in this questionnaire must have its origin from a Lesbian, Gay or Bisexual [LGB] person, who lives in North or Mid Wales.

SECTION ONE –Your identity

1. **Your age at last Birthday (**please tick as appropriate)

18-21		**50-59**	
22-29		**60-69**	
30-39		**70-79**	
40-49		**80+**	

2. **Your gender? (**please tick as appropriate)

Male	
Female	
Transgender or Transsexual	
Undefined	

3. **Please define your racial background or ethnicity below:**

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4. **Which languages are you fluent in?** please complete and circle as appropriate

English	**Spoken**	**Written**
Welsh	**Spoken**	**Written**
	Spoken	**Written**

5. **Do you have a religion?**

No		**Rather not say**	
Yes		If yes please tick below as appropriate	
Buddhist		**other**	
Christian		**Muslim**	
Hindu		**Pagan**	
Jewish		**Sikh**	

6. **Do you consider yourself to be disabled?**
   'Disability is a physical or mental impairment, which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities' - Disability Discrimination Act 2005 definition.

Yes		**No**	

7. How would you identify your sexual orientation, sexuality or preference?

Lesbian		**Gay women**	
Gay Man		**Person who has sex with members of the same sex**	
Bisexual		**Hetrosexual or Straight ***	
Other (please state)			

* Please note this research is looking specifically into same-sex orientation / sexuality and accessing health services

8. Are you 'out'?

By 'out' we mean that you are open about your sexual orientation / sexuality to others

No		**Yes**		If yes – who to?

Friends		**Families**	
Colleagues		**Health professionals**	
Other professionals (eg: social worker, teacher etc.)			
Other (please state)			

9. Are you currently in a relationship?

No		**Yes**		If yes please tick appropriate

Registered Civil Partnership		**Same sex relationship**	
Heterosexual marriage		**Common law heterosexual realtionship**	

SECTION TWO - Living in Wales

10. Were you born in the U.K?

Yes		**No**	

- If not how long have you lived here?

1-5 years		**6-10 years**		**11 years or more**	

11. How do you define your Citizenship?

British Citizen		**Refugee**	
Asylum Seeker		**Dual Citizenship**	
Other (please state)			

12. Do you live in a Rural or Urban area?

Rural		**Urban**	
Suburban		**Semi Urban / Rural**	

13. Which local authority area do you live in?

North Wales:

Anglesey		**Flintshire**	
Conwy		**Gwynedd**	
Denbighshire		**Wrexham**	

Mid Wales:

Ceredigion		**Powys**	

14. Please give the first 4 digits of your postal code

SECTION THREE - Your experience of health services

15. When did you last access a health service? (eg: a General Practioner [G.P], mental health services, sexual health clinic or hospital)

In the last 6 months		**1 year ago**		**3 years ago**	
In the last year		**2 years ago**		**4 years ago**	
5 or more years ago			**Pre 1999** - when the Welsh Assembly took responsibility for NHS services in Wales		

16. Are you registered with a GP in your area?

	Yes - Go to question 16b
	No

16a. If not, please tell us why?

16b. Do you access health services from anywhere else outside your local area?
If so, please tell us what services

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17. Are you registered with a dentist in your area?

	Yes - Go to question 18
	No

17a. If not, please tell us why

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18. Your sexual orientation may be relevant to getting appropriate health treatment, when has this been relevant for you? (Please give an example)

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19. Whilst accessing a health service have you ever come 'out' / or were you 'outed' at any point?

	Yes
	No – Go to question 23

19a. What led you to be 'out'?

	You gave your sexual orientation
	You thought it was relevant to be 'out'? please say how:
	You were questioned verbally about your sexual orientation by a health professional in an appropriate manner – please say how:
	You were questioned verbally about your sexual orientation by a health professional in an inappropriate manner – please say how:

	You felt under pressure to declare your orientation as result of a health professional assuming you were lesbian, gay or bisexual [LGB]
	The professional just perceived you were lesbian, gay or bisexual [LGB]
	As a result of referral by another professional – permission given
	As a result of referral by another professional – permission not given
	Non-professions, such as receptionists or cleaners questioning your sexual orientation
	You came 'out' because it was assumed that you were heterosexual
	You were questioned about your sexual orientation through patient monitoring

20. Did being 'out' or being 'outed' change the response or attitude of any person within the health service that you accessed?

	Yes
	No – Go to question 21

20a. who?

	Receptionist / Administration staff
	Dentist
	Doctor or consultant
	Nurse
	Care assistants
	Porter
	Cleaners
	Other health professional (eg: a specialist) please state:
	Any other – please state:

20b. Please give details of how you felt their attitude changed?

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21. Please rate the following: (by circling the appropriate word)

21a. The level of care you received before you came 'out' or were 'outed':

Very Bad Bad Satisfactory Good Very Good

21b. The level of care after you came 'out' or were 'outed':

Very Bad Bad Satisfactory Good Very Good

21c. Do you have any comments or examples of how the care you were given changed after you came 'out'?

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22. Have you ever been refused treatment as a result of your sexual orientation?

	Yes
	No - Go to question 23

22a. If yes, please give details:

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23. If you were asked to register your next of kin (ie: someone who would act as your primary carer and / or as a first point of contact for health services) **would you feel comfortable writing down your same sex partner?**

	Yes - Go to question 24
	No

23a. If not, please tell us why?

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24. Were you 'out' when accessing any of these services?
24a. Did you register your partner as your next of kin?

Type of health services	**Was 'out'** (Yes/ No/ NA)	**Registered same sex partner as next of kin** (Yes/ No/ NA)
Your GP / Doctor		
Your Dentist		
Mental Health Service		
Accident and Emergency		
Outpatient Appointment		
Inpatient Appointment		
Sexual Health Clinic		
Drug service		
A Local Health Board Service		
Other (please state)		

25. Have you ever been referred to, or volunteered to go to, a mental health service because of your sexual orientation?

	Yes
	No - Go to question 26

25a. If yes, please give details:

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26. Have you ever been pressurised to have a HIV/AIDS test because of your sexual orientation?

	Yes
	No - Go to question 27

26a. If yes, please give details:

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27. Have you been tested for HIV/AIDS without your consent?

	Yes
	No - Go to question 28
	Unaware / Don't know

27a. If yes, please give details:

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28. Was there ever an assumption made by an individual working in the health service that because you were a lesbian, gay or bisexual [LGB] person you would have HIV/AIDS?

	Yes
	No - Go to question 29

28a. If yes, please give details:

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29. If you're a female, it is advisable to receive regular cervical smear tests regardless of your sexual orientation – But have you ever believed, thought, or been told, that you do not need a smear test because of your sexual orientation?

Which of the following statements are relevant to you? (please tick**):**

	You were told by a health professional that because of your sexual orientation you did not need a smear test
	You believed that because of your sexual orientation you did not need a smear test
	You think you were not contacted or called back for a smear test because of your sexual orientation.
	You have regular smear tests

30. Have you had a positive experience whilst receiving care / treatment in the health service?

	Yes
	No - Go to question 31

30a. If yes, please give details:

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31. Have you had a negative experience whilst receiving care/ treatment?

	Yes
	No - Go to question 32

31a. If yes, please give details:

32.Did you complain?

	Yes – please state who you complained to……
	Did not – Go to question 32d
	Didn't know who to / how to complain so didn't do anything - Go to question 32d

32a Did you receive a response to your complaint?

	Yes
	No – Go to question 32d

32b. How satisfied were you with the response? (please tick)

Satisfied		**Very satisfied**	
Dissatisfied		**Very dissatisfied**	
Ongoing		**Neutral**	

32c. Please give details of who you complained to and why?

32d. Please tell us how you think it could have been dealt with differently?

SECTION FOUR – Your opinions and influences

33. Do you know of another LGB person – who had a positive or a negative experience of the health service in relation to sexual orientation?

	Yes
	No - Go to question 35

34. If yes please give details including how long ago this occurred:

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35. Did their experience influence how you sought health treatment?

Yes		**No**	

36. If yes please give details:

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37. Do you think that you have ever received inappropriate health advice for your specific sexual orientation?

Yes		**No**	

If yes please give details:

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38. Would you feel more confident accessing health services if health care professionals:

acknowledged equal status to same sex relationships in their literature and culture?	
treated LGB people equally with dignity & respect	

39. If you could influence the delivery of health care services to lesbian, gay and bisexual [LGB] people. what changes would you make?

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40. Do you have any more comments you would like to make about accessing health services and your sexual orientation?

Thank you for your time