



## **Count Me In Too!**

### **Lesbian, Gay, Bisexual and Trans (LGBT) survey**

**Thank you for taking the time to take part in this survey. The survey is open to all lesbians, gay men, bisexuals, trans people (LGBT) who live, work, socialise or use services in Brighton & Hove. This questionnaire will help us to find what LGBT people in Brighton & Hove need and want. This is your chance to tell us how it is and what needs to be done.**

#### **Things you need to know:**

- The questionnaire is confidential and anonymous. You will not be asked for any identifying details during the questionnaire.
- There are eight sections in the questionnaire: About you, Going out, Safety, Health and Well-being, Support and Services, Relationships, Housing, and Brighton & Hove. The longest sections are first!
- Give yourself lots of time - we want to know what you think! It will take between 15 minutes and an hour to finish.
- At some points in the questionnaire you may be asked additional questions to explore specific aspects of your identity or experience. Please ignore any questions which are not applicable to you.
- Depending on your answers, there will instructions to go to later questions ignoring irrelevant questions. These maybe a page or so ahead so please don't worry if you loose your place.
- Please try and finish the questionnaire but don't worry if you don't, just return it part completed.
- You can choose whether to answer any question; please select the option(s) which best represents your opinion or response. Please ignore any questions which you feel are not relevant to you.
- At the end of each section you can add extra information and comments about that section. This is because we understand that questionnaire questions do not suit everyone.
- To answer each question, place a cross in the centre of the appropriate answer box(es) or add text into the open boxes. There is space on the final page for any additional comments, but please include any extra pages if you want to expand on any issues, referring the question/section number.

More information can be found on our website: [www.countmeintoo.co.uk](http://www.countmeintoo.co.uk)

Please return your completed survey to the freepost address (no stamp required):  
**SPECTRUM, FREEPOST SEA13476, Brighton, BN1 1ZZ**

The closing date is 17th September 2006.

# Section 1: About you

This section asks some basic details about you and about your identities.

To answer the questions, please place a cross in the centre of the appropriate answer box(es)

**Q1 Which of these do you currently do in Brighton & Hove (select all that apply):**

Live  Regularly socialise (at least once a month)  
 Work  None of these  
 Regularly use services (at least once a month)

**Q2 On balance, how easy is it for you to live, work, socialise or use services in Brighton & Hove?**

Very easy                      Easy                      Neither easy nor difficult                      Difficult                      Very difficult

                                                                                      

**Q3 Which of the following do you most identify with?**

Lesbian      Go to Q4                       Queer      Go to Q4                       Straight/heterosexual      Go to Q4  
 Gay      Go to Q4                       Questioning      Go to Q4                       Other      Go to Q4  
 Bisexual      Go to Q3a                       Unsure      Go to Q4

**Q3a As a bisexual person, have you experienced bullying, abuse, discrimination, exclusion from and/or been unable to access the following in Brighton & Hove in the last 5 years (please select all that apply):**

Housing                       Health services                       LGBT specific services and groups  
 Police                       Voluntary agencies                       Other LGBT people  
 Employment                       Mainstream (not LGBT) venues & events                       Other who?  
 Education                       LGBT specific venues & events

**On balance, how easy is it for you to be bisexual in Brighton & Hove?**

Very easy                      Easy                      Neither easy nor difficult                      Difficult                      Very difficult

                                                                                      

**To what extent do you agree/disagree with the following statements:**

Strongly agree      Agree                      Neither agree nor disagree      Disagree      Strongly disagree

I feel that when in relationships with partners of different sexes, lesbian and gay scene venues/services are welcoming.
                        

I feel that when in relationships with same-sex partners, straight venues /services are welcoming.
                        

**How comfortable do you feel about accessing LGBT services?**

Very comfortable                      Comfortable                      Neither comfortable nor uncomfortable                      Uncomfortable                      Very uncomfortable

**What would make you feel more comfortable accessing LGBT services?** (please select the most important to you)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> I am happy with the LGBT services       | <input type="checkbox"/> Demonstrate understanding on bi issues    | <input type="checkbox"/> Non-judgemental attitudes               |
| <input type="checkbox"/> Bi representation in their staff        | <input type="checkbox"/> Ability to address the needs of bi people | <input type="checkbox"/> Other (please specify in the box below) |
| <input type="checkbox"/> Bi representation in their organisation | <input type="checkbox"/> Bi friendly services                      |  |

**Do you feel that lesbian and gay venues and events demonstrate that they include and welcome bisexual people?**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Yes, very much so           | <input type="checkbox"/> Sometimes              | <input type="checkbox"/> No, not at all                          |
| <input type="checkbox"/> Yes, but they could do more | <input type="checkbox"/> No, they could do more | <input type="checkbox"/> Other (please specify in the box below) |

Please explain if you want to:

**How would you describe your identity? Use words and phrases that you feel most comfortable with. Your description of yourself:**

**Would you include this description if asked to describe your identity?**  Yes  No

**Do you feel marginalized by this aspect of your identity?**  Yes  No

If 'Yes', why do you feel marginalized?

**Q4 Which of the following do you most identify with?**

- |                               |                                 |                                    |                                |
|-------------------------------|---------------------------------|------------------------------------|--------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> No gender | <input type="checkbox"/> Other |
|-------------------------------|---------------------------------|------------------------------------|--------------------------------|

**Do you identify yourself as being trans or have you ever questioned your gender identity**

- |  |                                      |  |
|--|--------------------------------------|--|
| <input type="checkbox"/> Yes Go to Q4a | <input type="checkbox"/> No Go to Q5 | <input type="checkbox"/> Unsure Go to Q5 |
|--|--------------------------------------|--|

**Q4a As a trans person, have you experienced bullying, abuse, discrimination, exclusion from and/or been unable to access the following in Brighton & Hove in the last 5 years** (please select all that apply):

- |                                     |  |  |
|-------------------------------------|--|--|
| <input type="checkbox"/> Housing    | <input type="checkbox"/> Health services                         | <input type="checkbox"/> LGBT specific venues and events   |
| <input type="checkbox"/> Police     | <input type="checkbox"/> Voluntary agencies                      | <input type="checkbox"/> LGBT specific services and groups |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Mainstream (not LGBT) venues and events | <input type="checkbox"/> Other LGBT people                 |
| <input type="checkbox"/> Education  |  |  |

**On balance, how easy is it for you to be trans in Brighton & Hove?**

- |                          |                          |                            |                          |                          |
|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| Very easy                | Easy                     | Neither easy nor difficult | Difficult                | Very difficult           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |

**Overall, how do you rate the quality of care delivered by your GP?**

Very good	Good	Neither good nor poor	Poor	Very poor	Not applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**What do you feel could have been done to improve your transition/journey (please select all that apply)**

<input type="checkbox"/> Nothing, I am happy as I am	<input type="checkbox"/> Improved speed of access to treatment
<input type="checkbox"/> Dedicated specialist GP	<input type="checkbox"/> Improved information provided by the NHS
<input type="checkbox"/> Specialist local service for trans people	<input type="checkbox"/> Other (please specify in the box below)
<input type="checkbox"/> Access to psychotherapy services	

**Overall, how do you rate the quality of care delivered by your NHS Gender Identify Clinic?**

Very good	Good	Neither good nor poor	Poor	Very poor	Not applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Do you intend to apply for a Gender Recognition Certificate?**

I already have one	Yes	No (please comment)	Unsure (please comment)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Do you have any other comments / suggestions for how things can be improved for trans people in Brighton & Hove?**

**What do you think about the term 'trans'? Is the label too specific? Does it capture your identify? Please use the space below to describe your identity in your own words.**

**Would you include this description if asked to describe your identity?**  Yes  No

**Do you feel marginalized by this aspect of your identity?**  Yes  No

If 'Yes', why do you feel marginalized?

**Q5 Which one of the following do you most identify with?**

<input type="checkbox"/> White	Go to Q6	<input type="checkbox"/> Gypsy traveller	Go to Q5.1
<input type="checkbox"/> Black & Minority Ethnic (BME)	Go to Q5a	<input type="checkbox"/> Other	Go to Q6

**Q5a As a consequence of being LGBT Black & Minority Ethnic (BME) person, have you experienced bullying, abuse, discrimination, exclusion from and/or been unable to access the following in Brighton & Hove in the last 5 years (please select all that apply):**

- |                                     |  |  |
|-------------------------------------|--|--|
| <input type="checkbox"/> Housing    | <input type="checkbox"/> Health services                       | <input type="checkbox"/> LGBT specific venues and events   |
| <input type="checkbox"/> Police     | <input type="checkbox"/> Voluntary agencies                    | <input type="checkbox"/> LGBT specific services and groups |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Mainstream (not LGBT) venues & events | <input type="checkbox"/> Other LGBT people                 |
| <input type="checkbox"/> Education  |  |  |

**On balance, how easy is it for you to be a LGBT BME person in Brighton & Hove?**

- |                          |                          |                            |                          |                          |
|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| Very easy                | Easy                     | Neither easy nor difficult | Difficult                | Very difficult           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |

**Please select any of the following that are significant to your identity (please select all that apply):**

- |   |  |
|---|--|
| <input type="checkbox"/> The area that your family comes from   | <input type="checkbox"/> Your religion                                       |
| <input type="checkbox"/> The nationality of your family   | <input type="checkbox"/> Your family   |
| <input type="checkbox"/> The religion of your family  | <input type="checkbox"/> Your nationality/immigration status                 |
| <input type="checkbox"/> Race/ethnicity of your family  | <input type="checkbox"/> Experience of minority status eg. racism            |
| <input type="checkbox"/> Mixed race/dual heritage   | <input type="checkbox"/> Experience of migration e.g first/second generation |
| <input type="checkbox"/> Reason for migration e.g. political refugees, expelled from previous homeland. |  |

**How significant is your BME identity in your relationships?**

- |   |   |   |                                 |
|---|---|---|---------------------------------|
| <input type="checkbox"/> Very significant | <input type="checkbox"/> Fairly significant | <input type="checkbox"/> Not at all significant | <input type="checkbox"/> Unsure |
|---|---|---|---------------------------------|

**Are there specific issues regarding your BME identity that you would like LGBT services and venues to be aware of?**

- |  |                             |                                 |
|--|-----------------------------|---------------------------------|
| <input type="checkbox"/> Yes (specify below) | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
|--|-----------------------------|---------------------------------|

**Do you regularly socialise/take part in:**

	Yes	No	Unsure
BME communities, activities, events and groups in Brighton & Hove?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BME communities, activities, events and groups in other areas of the UK?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LGBT communities, activities, events and groups in Brighton & Hove?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LGBT communities, activities, events and groups elsewhere in the UK?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please tell us about your experiences if you want to:**

**Would you be interested in joining a network of BME LGBT people in the local area?**

- |                              |                             |                                 |
|------------------------------|-----------------------------|---------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
|------------------------------|-----------------------------|---------------------------------|

**If 'Yes' what would you like this network to provide?**

**How do you feel you fit in the BME communities, activities, events and groups in Brighton & Hove?**

- Very well  Reasonably well  Not sure  Not that well  Not at all

**How do you feel you fit in the LGBT communities, activities, events and groups in Brighton & Hove?**

- Very well  Reasonably well  Not sure  Not that well  Not at all

**Is there anything that could change to make you feel more included in BME or LGBT communities, activities, events and groups in Brighton & Hove?**

**Do you feel marginalized by this aspect of your identity?**  Yes  No

If 'yes' please explain:

**What do you think about the term 'BME'? Is the label too specific? Does it capture your identity? Please use the space below to describe your identity in your own words.**

Please skip forward to Q6

**Q5.1 Would you describe yourself as:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Irish Traveller   | <input type="checkbox"/> New Age Traveller                  | <input type="checkbox"/> Gypsy Traveller         |
| <input type="checkbox"/> English Traveller | <input type="checkbox"/> Traveller with Fairground / Circus | <input type="checkbox"/> East European Traveller |

**As a LGBT traveller, have you experienced bullying, abuse, discrimination, exclusion from and/or been unable to access the following in Brighton & Hove in the last 5 years (please select all that apply):**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Housing         | <input type="checkbox"/> Voluntary agencies                      | <input type="checkbox"/> LGBT specific services and groups |
| <input type="checkbox"/> Police          | <input type="checkbox"/> Mainstream (not LGBT) venues and events | <input type="checkbox"/> Other LGBT people                 |
| <input type="checkbox"/> Employment      | <input type="checkbox"/> LGBT specific venues and events         | <input type="checkbox"/> Other who?                        |
| <input type="checkbox"/> Education       |  |  |
| <input type="checkbox"/> Health services |  |  |

**On balance, how easy is it for you to be a LGBT traveller in Brighton & Hove?**

- Very easy  Easy  Neither easy nor difficult  Difficult  Very difficult

**Do you live on a:**  Permanent site  Temporary site  Other (describe below)

**Where you live NOW, does the council provide** (please select all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Water             | <input type="checkbox"/> Waste collection      | <input type="checkbox"/> Recycling facilities    |
| <input type="checkbox"/> Toilet facilities | <input type="checkbox"/> Skip for rubbish      | <input type="checkbox"/> Hard standing           |
| <input type="checkbox"/> Showers           | <input type="checkbox"/> Needle disposal boxes | <input type="checkbox"/> Fenced individual plots |

**What more do you think the Council could do to help you feel settled or to continue to live the way of life you enjoy?**

**What do you think about the term 'traveller'? Is the label too specific? Does it capture your identity? Please use the space below to describe your identity in your own words.**

**Would you include this description if asked to describe your identity?**  Yes  No

**Do you feel marginalized by this aspect of your identity?**  Yes  No

If 'Yes', why do you feel marginalized?

**Q6** Are you or do you identify yourself as being deaf, hard of hearing, deafened or deaf-blind?  Yes Go to Q6a  No Go to Q6.1

**Q6a** As a LGBT deaf person, have you experienced bullying, abuse, discrimination, exclusion from and/or been unable to access the following in Brighton & Hove in the last 5 years (please select all that apply):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Housing         | <input type="checkbox"/> Voluntary agencies                      | <input type="checkbox"/> LGBT specific services and groups |
| <input type="checkbox"/> Police          | <input type="checkbox"/> Mainstream (not LGBT) venues and events | <input type="checkbox"/> Other LGBT people                 |
| <input type="checkbox"/> Employment      | <input type="checkbox"/> LGBT specific venues and events         | <input type="checkbox"/> Other who?                        |
| <input type="checkbox"/> Education       |  |  |
| <input type="checkbox"/> Health services |  |  |

**On balance, how easy is it for you to be a LGBT deaf person in Brighton & Hove?**

- |                          |                          |                            |                          |                          |
|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| Very easy                | Easy                     | Neither easy nor difficult | Difficult                | Very difficult           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |

**How easy is it for you to find information about what help/assistance is available to you?**

- |                          |                          |                            |                          |                          |
|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| Very easy                | Easy                     | Neither easy nor difficult | Difficult                | Very difficult           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |

**How easy it is for you to access services specifically for LGBT deaf people?**

- |                          |                          |                            |                          |                          |
|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| Very easy                | Easy                     | Neither easy nor difficult | Difficult                | Very difficult           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |

**How easy is it for you to find LGBT pubs/clubs and organisations who are also deaf friendly?**

Very easy       Easy       Neither easy nor difficult       Difficult       Very difficult

**As a LGBT deaf person do you fear abuse and physical attacks?**  Yes  No

**As a LGBT deaf person, what would you most like to see change in Brighton & Hove?**

**Do you feel marginalized by this aspect of your identity?**  Yes  No

If 'Yes', why do you feel marginalized?

**What do you think about the term 'deaf'? Is the label too specific? Does it capture your identity? Please use the space below to describe your identity in your own words.**

Go to Q6.1

**Q6.1 Are you or do you identify yourself as having a long-term health impairment or physical disability.**  Yes Go to Q6.2  No Go to Q7

**As a disabled LGBT person, have you experienced bullying, abuse, discrimination, exclusion from and/or been unable to access the following in Brighton & Hove in the last 5 years (please select all that apply):**

<input type="checkbox"/> Housing	<input type="checkbox"/> Health services	<input type="checkbox"/> LGBT specific venues and events
<input type="checkbox"/> Police	<input type="checkbox"/> Voluntary agencies	<input type="checkbox"/> LGBT specific services and groups
<input type="checkbox"/> Employment	<input type="checkbox"/> Mainstream (not LGBT) venues and events	<input type="checkbox"/> Other LGBT people
<input type="checkbox"/> Education		

**On balance, how easy is it for you to be a LGBT disabled person in Brighton & Hove?**

Very easy       Easy       Neither easy nor difficult       Difficult       Very difficult

**Do you regularly socialise/take part in:**

	Yes	No	Unsure
Disabled groups, activities, events and networks in Brighton & Hove?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disabled groups, activities, events and networks in other areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LGBT groups, activities, events and networks in Brighton & Hove?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LGBT groups, activities, events and networks elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How do you feel you fit into disabled activities, events and networks in Brighton & Hove?**

Very well       Reasonably well       Not sure       Not that well       Not at all



**How do you feel you fit into LGBT activities, events and networks in Brighton & Hove?**

Very well	Reasonably well	Not sure	Not that well	Not at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Is there anything that could change to make you feel more included in Disabled or LGBT communities, activities, events and groups in Brighton & Hove?**

**What do you think about the term 'disabled'? Does it capture your identify? Please use the space below to describe your identity in your own words.**

**Would you include this description if asked to describe your identity?**  Yes  No

**Do you feel marginalized by this aspect of your identity?**  Yes  No

If 'Yes', why do you feel marginalized?

**Please tell us about your experiences of Brighton & Hove as a disabled LGBT person.**

**Q7 What is your age?**

<input type="checkbox"/> Under 16 Go to Q7a	<input type="checkbox"/> 36 - 45 Go to Q8	<input type="checkbox"/> 66 - 75 Go to Q7.1
<input type="checkbox"/> 16 - 25 Go to Q7a	<input type="checkbox"/> 46 - 55 Go to Q8	<input type="checkbox"/> 76 + Go to Q7.1
<input type="checkbox"/> 26 - 35 Go to Q8	<input type="checkbox"/> 56 - 65 Go to Q7.1	

**As a young LGBT person, have you experienced bullying, abuse, discrimination, exclusion from and/or been unable to access the following in Brighton & Hove in the last 5 years (please select all that apply):**

<input type="checkbox"/> Housing	<input type="checkbox"/> Health services	<input type="checkbox"/> LGBT specific venues and events
<input type="checkbox"/> Police	<input type="checkbox"/> Voluntary agencies	<input type="checkbox"/> LGBT specific services and groups
<input type="checkbox"/> Employment	<input type="checkbox"/> Mainstream (not LGBT) venues and events	<input type="checkbox"/> Other LGBT people
<input type="checkbox"/> Education		

**On balance, how easy is it for you to be a young LGBT person in Brighton & Hove?**

Very easy	Easy	Neither easy nor difficult	Difficult	Very difficult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**As a young person, have you ever have anxieties about sex?**

All of the time	Most of the time	Some of the time	Hardly ever	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there enough housing support in Brighton & Hove for young LGBT people?  Yes  No

Are housing schemes specifically for young LGBT people necessary?  Yes  No

In your opinion, what would benefit young LGBT people in Brighton & Hove?

Please skip to Q8

**Q7.1** As an older LGBT person, have you experienced bullying, abuse, discrimination, exclusion from and/or been unable to access the following in Brighton & Hove in the last 5 years (please select all that apply):

- |                                     |  |  |
|-------------------------------------|--|--|
| <input type="checkbox"/> Housing    | <input type="checkbox"/> Health services                         | <input type="checkbox"/> LGBT specific venues and events   |
| <input type="checkbox"/> Police     | <input type="checkbox"/> Voluntary agencies                      | <input type="checkbox"/> LGBT specific services and groups |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Mainstream (not LGBT) venues and events | <input type="checkbox"/> Other LGBT people                 |
| <input type="checkbox"/> Education  |  |  |

**Q7.2** On balance, how easy is it for you to be a older LGBT person in Brighton & Hove?

- |                          |                          |                            |                          |                          |
|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| Very easy                | Easy                     | Neither easy nor difficult | Difficult                | Very difficult           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |

Is there enough housing support in Brighton & Hove for older LGBT people?  Yes  No

Would you be interested in sheltered housing/extra care housing/residential care specifically for the LGBT community?  Yes  No

In your opinion, what would benefit older LGBT people in Brighton & Hove?

**Q8** Do you identify with any religious/cultural tradition?  Yes Go to Q8a  No Go to Q9

**Q8a** What faith/religion do you identify with?

**As a LGBT person of faith or religious person have you experienced bullying, abuse, discrimination, exclusion from and/or been unable to access the following in Brighton & Hove in the last 5 years (please select all that apply):**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Housing         | <input type="checkbox"/> Voluntary agencies                      | <input type="checkbox"/> LGBT specific services and groups |
| <input type="checkbox"/> Police          | <input type="checkbox"/> Mainstream (not LGBT) venues and events | <input type="checkbox"/> Other LGBT people                 |
| <input type="checkbox"/> Employment      | <input type="checkbox"/> LGBT specific venues and events         | <input type="checkbox"/> Religious organisations           |
| <input type="checkbox"/> Education       |  | <input type="checkbox"/> Other who?                        |
| <input type="checkbox"/> Health services |  |  |

**On balance, how easy is it for you to be a person of faith and LGBT in Brighton & Hove?**

- |                          |                          |                            |                          |                          |
|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| Very easy                | Easy                     | Neither easy nor difficult | Difficult                | Very difficult           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |

**Please tell us about your experiences of Brighton & Hove as a LGBT person of faith.**

**Q9 Which one of the following best describes your current employment situation:**

- |   |   |
|---|---|
| <input type="checkbox"/> Employed full-time (paid work for an employer)     | <input type="checkbox"/> Other (e.g. seasonal work/casual/cash in hand) |
| <input type="checkbox"/> Employed part-time (paid work for an employer)     | <input type="checkbox"/> Not employed and looking for work              |
| <input type="checkbox"/> Self-employed or work for your own/family business | <input type="checkbox"/> Not employed and not looking for work          |
| <input type="checkbox"/> Retired  | <input type="checkbox"/> Unable to work                                 |

**Q10 Which of the following qualifications do you have? Please select your highest qualification**

- |   |   |
|---|---|
| <input type="checkbox"/> I have no educational qualifications   | <input type="checkbox"/> Foundation Degree, HND, HNC, DipHE   |
| <input type="checkbox"/> GCSE (grades D-G) CSE (grades 2-5) or equivalent                             | <input type="checkbox"/> First Degree (e.g. BA, BSc)  |
| <input type="checkbox"/> GCSE (grades A-C), O Level, CSE (grade 1) or equivalent                      | <input type="checkbox"/> Higher Degree (e.g. MA, MSc, PhD)  |
| <input type="checkbox"/> A or AS Level or equivalent  | <input type="checkbox"/> Professional qualification (e.g. qualified teacher status, qualified medical doctor, chartered surveyor) |
| <input type="checkbox"/> Vocational qualification (e.g. City & Guilds, BTEC, NNEB, RSA) or equivalent | <input type="checkbox"/> Other qualification (please include qualifications received from outside the UK)                         |

**Q11 Have you done any of these kinds of education or training in the last five years?**

- |  |   |
|--|---|
| <input type="checkbox"/> University course                           | <input type="checkbox"/> Training organised by employer               |
| <input type="checkbox"/> School or sixth form college                | <input type="checkbox"/> Self-study                                   |
| <input type="checkbox"/> Apprenticeship                              | <input type="checkbox"/> Other education or training (please specify) |
| <input type="checkbox"/> Further education or adult education course | <input type="checkbox"/> No training                                  |

**Q12 What is your gross income from all sources before deductions? (do not deduct Tax, National Insurance, Pension/superannuation or Health insurance payments).**

- |   |            |
|---|------------|
| <input type="checkbox"/> Less than £10,000 a year (less than £800 a month, £200 a week or £30 a day)        | Go to Q12a |
| <input type="checkbox"/> £10,001 to £20,000 a year (£801-1700 a month, £201-400 a week or £31-60 a day)     | Go to Q13  |
| <input type="checkbox"/> £20,001 to £30,000 a year (£1701-2500 a month, £401-600 a week or £61-90 a day)    | Go to Q13  |
| <input type="checkbox"/> £30,001 to £40,000 a year (£2501-3300 a month, £601-800 a week or £91-120 a day)   | Go to Q13  |
| <input type="checkbox"/> £40,001 to £50,000 a year (£3301-4100 a month, £801- 900 a week or £120-150 a day) | Go to Q13  |
| <input type="checkbox"/> More than £50,001 a year (£4101 a month, £901 a week or £151 a day)                | Go to Q13  |

**Q12a On balance, how easy is it to have a low income and be LGBT in Brighton & Hove?**

- |                          |                          |                            |                          |                          |
|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| Very easy                | Easy                     | Neither easy nor difficult | Difficult                | Very difficult           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |

Is there enough socially in Brighton & Hove for people on low incomes?  Yes  No

Does a lack of money ever stop you using LGBT venues or going to LGBT events?  Yes  No

Please tell us about your experiences of Brighton & Hove as a LGBT with a low income .

Does any of your income come from pensions or benefits?

Pension  Benefits  Pension & benefit  No

**Q13** Do you consider yourself to be in debt?  Yes Go to Q13a  No Go to Q14

**Q13a** How do you feel about your debt situation?

Very anxious       Anxious       In control       Not concerned       Unsure

Do you find it difficult to meet your debt repayments every month?  Yes  No

Have you ever accessed professional help in relation to your debts?  Yes  No

If 'Yes' please outline your experience below.

Would you find a LGBT specific debt counselling/advise service useful?  Yes  No

**Q14** Is there anything you would like to add to this section 'About you'? This can include explanations of your answers and further comments or telling us about something that has not been mentioned in this section that you think is important.

## Section 2: Going out

This section asks you about the LGBT commercial scene, the media and your social networks.

**Q15** How comfortable do you feel being LGBT in straight venues in Brighton & Hove?

Comfortable  Uncomfortable  Unsure

**Q16** "I enjoy using/going to the LGBT commercial venues and events (like bars, pubs, clubs or saunas) in Brighton & Hove"

Agree Go to Q16a  Disagree Go to Q16.1  I don't use Go to Q16.1  Unsure Go to Q17

**Q16a** How regularly do you socialize in LGBT commercial venues and events in Brighton & Hove?

Everyday  Once or twice a week  Once or twice a month  A few times a year  Only been once or twice

Select up to three of following which most attract/ed you to the LGBT commercial venues & events?

- |  |   |
|--|---|
| <input type="checkbox"/> Safe space: place where I feel less at risk     | <input type="checkbox"/> Getting drunk  |
| <input type="checkbox"/> Meeting friends                                 | <input type="checkbox"/> Taking drugs   |
| <input type="checkbox"/> Having sex or meeting people to have sex with   | <input type="checkbox"/> The music  |
| <input type="checkbox"/> Meeting people to have relationships with       | <input type="checkbox"/> Nothing attracts me to the LGBT commercial scene now |
| <input type="checkbox"/> Making friends                                  | <input type="checkbox"/> Other (please specify)                               |
| <input type="checkbox"/> Meeting people who share aspects of my identity |   |

Do you feel there is pressure to conform to a look or act in particular ways on the Brighton & Hove LGBT commercial venues and events ?

Yes, everywhere  Yes, in some places  Yes, in a few places  No, nowhere  Unsure

Do you feel that you fit in the LGBT commercial venues and events in Brighton & Hove?

Yes, everywhere  Yes, in some places  Yes, in a few places  No, nowhere  Unsure

Are there any changes you would like to see to the LGBT commercial venues and events in Brighton & Hove?

Yes (please specify below)  No

Please skip to Q17

**Q16.1** Why do you not like/use the commercial venues and events in Brighton & Hove?

**If you have used the commercial venues and events in the past but no longer do so, what are your reasons for not using the scene?**

**Q17 Do you read any LGBT magazines, newspapers or newsletters or get LGBT information on the internet?**

At least once a week  At least once a month  At least twice yearly  Have done in the past  Never

**Q18 How would you prefer to get information on local LGBT news / events? Please select your top three.**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> LGBT switchboard                    | <input type="checkbox"/> Local LGBT website    | <input type="checkbox"/> Email updates from local group |
| <input type="checkbox"/> LGBT community centre               | <input type="checkbox"/> National LGBT website | <input type="checkbox"/> Web message board              |
| <input type="checkbox"/> Local LGBT media (radio, magazines) | <input type="checkbox"/> Listings              | <input type="checkbox"/> Flyers/posters                 |
| <input type="checkbox"/> National LGBT media                 | <input type="checkbox"/> Emails                | <input type="checkbox"/> Other (please specify)         |

**Q19 Do you feel isolated in Brighton & Hove?**

Yes Go to Q19a  No Go to Q20  Sometimes Go to Q19a  Unsure Go to Q20

**In what ways do you feel isolated? (please select all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> I have few friends or social contacts    | <input type="checkbox"/> Nobody really knows what's going on for me |
| <input type="checkbox"/> I have few people to call on for support | <input type="checkbox"/> I don't feel safe going out                |
| <input type="checkbox"/> I tend not to join activities or groups  | <input type="checkbox"/> Other                                      |
| <input type="checkbox"/> I tend not to use services provided      |   |

**What keeps you isolated? (please select all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Experiences of discrimination / being excluded | <input type="checkbox"/> Fear of not fitting in            |
| <input type="checkbox"/> Can't afford to go out                         | <input type="checkbox"/> Fear of abuse/harassment/violence |
| <input type="checkbox"/> Venues / groups / services are not accessible  | <input type="checkbox"/> Other                             |
| <input type="checkbox"/> Lack of confidence                             |  |

**Q20 Are there any social spaces / venues / groups that are missing?**

Yes  No  Unsure

**If 'yes' what would you like to see?**

**Who should provide this space / group?**

**Q21** Is there anything you would like to add to this section on 'Going out'? This can include explanations of your answers and further comments or telling us about something that has not been mentioned in this section that you think is important.

## Section 3: Safety

**This section asks about your experiences of abuse, discrimination and your safety in Brighton & Hove.**  
 (Please remember this questionnaire is confidential and answers are voluntary. We have a list of help lines on the Count Me In Too website)

**Q22** Have you experienced any of the following in the last 5 years that was due to your sexual orientation or gender identity?

- |  |            |  |            |                                   |            |
|--|------------|--|------------|-----------------------------------|------------|
| <input type="checkbox"/> Verbal abuse      | Go to Q22a | <input type="checkbox"/> Sexual assault    | Go to Q22a | <input type="checkbox"/> Bullying | Go to Q22a |
| <input type="checkbox"/> Physical violence | Go to Q22a | <input type="checkbox"/> Negative comments | Go to Q22a | <input type="checkbox"/> Other    | Go to Q22a |
| <input type="checkbox"/> Criminal damage   | Go to Q22a | <input type="checkbox"/> Teasing           | Go to Q22a | <input type="checkbox"/> No       | Go to Q23  |
| <input type="checkbox"/> Harassment        | Go to Q22a |  |            |                                   |            |

**Q22a** Did any of these incidents happen in the last 12 months?  Yes  No

**Where did the incident(s) take place?** (please select all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Inside a home      | <input type="checkbox"/> In an LGBT venue or event      | <input type="checkbox"/> At school/college/university |
| <input type="checkbox"/> In the street      | <input type="checkbox"/> Outside an LGBT venue/event    | <input type="checkbox"/> In your neighbourhood        |
| <input type="checkbox"/> In a cruising area | <input type="checkbox"/> In a mainstream venue or event | <input type="checkbox"/> Other (please specify)       |

**Who carried out the physical assault, verbal abuse, criminal damage, sexual assault, teasing, harassment, bullying, abuse or made negative comments?** (please select all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Teacher / Tutor / Lecturer             | <input type="checkbox"/> Family member         | <input type="checkbox"/> LGBT venue             |
| <input type="checkbox"/> Peers at School / College / University | <input type="checkbox"/> Partner               | <input type="checkbox"/> LGBT person            |
| <input type="checkbox"/> Manager / Supervisor                   | <input type="checkbox"/> Lover                 | <input type="checkbox"/> GP / nurse             |
| <input type="checkbox"/> Colleague                              | <input type="checkbox"/> A dependant           | <input type="checkbox"/> Staff in shops / bars  |
| <input type="checkbox"/> Customer / Service User                | <input type="checkbox"/> Service provider      | <input type="checkbox"/> Strangers              |
| <input type="checkbox"/> Neighbour                              | <input type="checkbox"/> Other service users   | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Landlord                               | <input type="checkbox"/> LGBT service or group |   |

**If you reported the incident (or at least one incident) who did you report it to?**

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> The police                | <input type="checkbox"/> True Vision |
| <input type="checkbox"/> The Community Safety Team | <input type="checkbox"/> Other       |

**Please specify who did you report the incident to.**

**Did you tell them it was related to your gender identity or sexuality?**  Yes  No  Unsure

**How would you rate the response you received?**

Good  Neither good nor poor  Poor

**If you did not report an incident, was it because...** (please select all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Safety fears                 | <input type="checkbox"/> I reported before but it didn't help      |
| <input type="checkbox"/> I didn't know who to turn to | <input type="checkbox"/> A fear of homophobic/transphobic response |
| <input type="checkbox"/> I didn't trust anyone        | <input type="checkbox"/> Other                                     |

**If 'Other' please specify why you didn't report the incident**

**How would you rate services to LGBT victims of crime?**

Good  Neither good nor poor  Poor

**How has this experience affected you?**

**Q23 Have you ever experienced any abuse, violence or harassment from a family member or from someone close to you?** (including physical, verbal, sexual, mental, emotional or financial abuse)

Yes Go to Q23a  No Go to Q24

**Q23a Was the abuser a...** (please select all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Male Partner    | <input type="checkbox"/> Female Ex partner       | <input type="checkbox"/> Visitor                |
| <input type="checkbox"/> Female Partner  | <input type="checkbox"/> Carer                   | <input type="checkbox"/> Neighbour              |
| <input type="checkbox"/> Friend          | <input type="checkbox"/> Trans partner           | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Male Ex partner | <input type="checkbox"/> Family member/dependent |   |

**Was any other person/child affected by the abuse/violence** (please select all that apply)

- |  |                                    |   |
|--|------------------------------------|---|
| <input type="checkbox"/> Male partner      | <input type="checkbox"/> Parent    | <input type="checkbox"/> Child under 16         |
| <input type="checkbox"/> Male ex partner   | <input type="checkbox"/> Friend    | <input type="checkbox"/> Other dependents       |
| <input type="checkbox"/> Female partner    | <input type="checkbox"/> Visitor   | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Female ex partner | <input type="checkbox"/> Neighbour |   |



**If you reported the incident (or at least one incident) to whom did you report it?**

- The police
  Domestic violence agency
  Other (please specify)
- The Community Safety Team
  LGBT organisation

**How would you rate the response?**

- Good
  Neither good nor poor
  Poor

**If you did not report an incident, was it because... (please select all that apply)**

- Safety fears
  I reported before but it didn't help
- I didn't know who to turn to
  A fear of homophobic/transphobic response
- I didn't trust anyone
  Other (please specify)

**When you were a child, did you experience abuse or violence from a family member or someone close to you?**

- Yes
  No
  Unsure

**Could any of the following improve the services to LGBT people experiencing Domestic violence? (please select all that apply)**

- Awareness Training for Statutory/Voluntary Agencies
  LGBT specific service providing support/counselling
- LGBT specific Police Officer to report domestic violence to
  LGBT specific safe temporary housing
- LGBT specific service to report to
  Other (please specify)

**Q24 How safe do you feel currently in Brighton & Hove ...?**

	Very safe	Safe	Neither safe nor unsafe	Unsafe	Very unsafe
In your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside during the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q25 In the last 5 years have safety concerns led you to avoid...?**

	Always	Often	Sometimes	Hardly	Never
public displays of affection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
going out at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
neighbourhood events/activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
using the LGBT scene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
attending an LGBT group/event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
using public transport / taxis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
attending education/training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
using a public service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
going to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
going home to where you live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q26 Are there any places, services or facilities in Brighton & Hove where you do not feel safe?**

Yes Go to Q26a  No Go to Q27  Unsure Go to Q27

**Q26a Which places /services / facilities do you feel less safe in? (please select all that apply)**

Estates on the outskirts of Brighton & Hove  Inside LGBT venues  Cottages  
 Town centre  'Gay village'  Don't know  
 Outside LGBT venues  Cruising grounds  Other (please specify)

**Do you feel less safe because of homophobia, bi-phobia or trans-phobia?**

Yes  No  Unsure

**What would help make you feel safer in these places?**

**Q27 Are you aware of any of the following services in Brighton & Hove? (select all that apply)**

True Vision self reporting packs  Communities against violence  
 The Partnership Community Safety Team  Victim support  
 The Police LGBT Community Liaison Officer  No  
 LGBT community safety officer

**Q28 In your view, is there prejudice against LGBT people by or from the police service?**

Yes  No  Not sure

**Q29 Have the services the Police provide to LGBT people improved over the last 5 years?**

Yes  No  Not sure

**Q30 Which of the following would you like to see in the future? (select all that apply)**

Reporting centres in LGBT venues and organisations  LGBT awareness training for Police and service providers  
 A homophobic/transphobic/bi-phobic hotline  Increased publicity for convictions for hate crime  
 Increased Police presence in hate crime hotspots  Other (please specify below)

**Q31 Is there anything you would like to add to this section on 'Safety'? This can include explanations of your answers and further comments or telling us about something that has not been mentioned in this section that you think is important.**

## Section 4: Health and Well-being

This section asks you about your health and well-being, sex, drugs, alcohol, smoking and the priorities for LGBT health and well-being.

**Q32 How would you describe your physical health over the last 12 months?**

Very good  Good  Neither good nor poor  Poor  Very poor

**Q33 How would you describe your emotional and mental well being over the last 12 months?**

Very good  Good  Neither good nor poor  Poor  Very poor

**Q34 Have you experienced difficulties with any of the following in the last 5 years? (please select all that apply)**

- |   |              |   |              |
|---|--------------|---|--------------|
| <input type="checkbox"/> Significant emotional distress | Go to next Q | <input type="checkbox"/> Fears/phobias                  | Go to next Q |
| <input type="checkbox"/> Depression                     | Go to next Q | <input type="checkbox"/> Problem eating/eating distress | Go to next Q |
| <input type="checkbox"/> Anxiety                        | Go to next Q | <input type="checkbox"/> Panic attacks                  | Go to next Q |
| <input type="checkbox"/> Isolation                      | Go to next Q | <input type="checkbox"/> Self harm                      | Go to next Q |
| <input type="checkbox"/> Confidence/self-esteem         | Go to next Q | <input type="checkbox"/> Addictions/dependencies        | Go to next Q |
| <input type="checkbox"/> Stress                         | Go to next Q | <input type="checkbox"/> Suicidal thoughts              | Go to next Q |
| <input type="checkbox"/> Anger management               | Go to next Q | <input type="checkbox"/> None of the above              | Skip to Q35  |
| <input type="checkbox"/> Insomnia                       | Go to next Q |   |              |

**Q34a Have you felt the need for support around your mental health difficulties in the last 5 years?**  Yes  No

**If yes, Were you able to find the support you needed?**  Yes  No

**What has helped you manage or overcome your mental health difficulties?**

**What has been unhelpful in managing or overcoming your mental health difficulties?**

**Have you had serious thoughts of suicide in the last 5 years?**  Yes  No

**If yes, have you attempted suicide in this time?**  Yes  No

**If yes, was it within the last 12 months?**  Yes  No

**Have you used NHS mental health services in the last 5 years?**  Yes  No

**If you have used the NHS mental health services, how would you rate their effectiveness?**

Very good  Good  Neither good nor poor  Poor  Very poor

**As an LGBT person with mental health difficulties, have you experienced abuse, discrimination or exclusion from and/or been unable to access the following in Brighton & Hove in the last 5 years?**  
(select all that apply)

- |                                     |  |  |
|-------------------------------------|--|--|
| <input type="checkbox"/> Housing    | <input type="checkbox"/> Health services                         | <input type="checkbox"/> LGBT specific venues and events   |
| <input type="checkbox"/> Police     | <input type="checkbox"/> Voluntary agencies                      | <input type="checkbox"/> LGBT specific services and groups |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Mainstream (not LGBT) venues and events | <input type="checkbox"/> Other LGBT people                 |
| <input type="checkbox"/> Education  |  |  |

**On balance, how easy is it for you to be someone with mental health difficulties in Brighton & Hove?**

- |                          |                          |                            |                          |                          |
|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| Very easy                | Easy                     | Neither easy nor difficult | Difficult                | Very difficult           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |

**Q35 Do you drink alcohol?**  Yes Go to Q35a  No Go to Q36

**Q35a On an average week, how many days do you drink alcohol?**  
 Daily  5 - 6 days  3 - 4 days  1 - 2 days  Nothing

**In a average drinking session, how many units do you drink?** One unit is one glass of wine, half a pint of beer/lager or a single measure of spirit. For more information refer to [www.sussedaboutdrink.net](http://www.sussedaboutdrink.net)

- |                                |                                |                                |                                |                                |                                  |                                  |                               |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|----------------------------------|----------------------------------|-------------------------------|
| <input type="checkbox"/> 1 - 2 | <input type="checkbox"/> 3 - 4 | <input type="checkbox"/> 5 - 6 | <input type="checkbox"/> 6 - 7 | <input type="checkbox"/> 8 - 9 | <input type="checkbox"/> 10 - 14 | <input type="checkbox"/> 15 - 19 | <input type="checkbox"/> 20 + |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|----------------------------------|----------------------------------|-------------------------------|

**Have you ever been concerned about the amount you drink or your use of alcohol?**

- |                                |                                    |                                     |
|--------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
|--------------------------------|------------------------------------|-------------------------------------|

**Has your use of alcohol ever led to any of the following? (please select all that apply)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Unprotected sex         | <input type="checkbox"/> Accidents at work                    | <input type="checkbox"/> Drink driving                     |
| <input type="checkbox"/> Being a victim of crime | <input type="checkbox"/> Accidents elsewhere                  | <input type="checkbox"/> Ill health for more than 24 hours |
| <input type="checkbox"/> Assaulting someone      | <input type="checkbox"/> Arguments with friends/family        | <input type="checkbox"/> Other (please specify)            |
| <input type="checkbox"/> Being assaulted         | <input type="checkbox"/> Time off work, university or college | <input type="checkbox"/> No                                |
| <input type="checkbox"/> Accidents in the home   |   |  |

**Which one of the following would influence you to reduce / stop drinking?**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Concerns about your health               | <input type="checkbox"/> Not going out as much | <input type="checkbox"/> Pregnancy              |
| <input type="checkbox"/> Financial cost                           | <input type="checkbox"/> Relationship          | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Help with alcohol addiction / dependency | <input type="checkbox"/> Partner               |   |

**Do you use an alcohol help and advice service?**  Yes  No

**If No, are you aware of any current services that could help if you are/become concerned about your drinking or use of alcohol?**  Yes  No

**If 'Yes' or you use an alcohol service at the moment please list the ones you know/use below**

**Would you use an alcohol service which specifically was for LGBT people?**  Yes  No

**Q36 Do you smoke cigarettes?**

Yes Go to Q36a

No Go to Q37

**Q36a What keeps you smoking?** (please select all that apply)

I enjoy it

Its one of my vices

It helps me feel in control

I am addicted

I like the smoking culture  
(sharing lighters & cigarettes,  
social interaction &  
conversations)

I cant give up

Pressures of life

It keeps me young

It helps me think

Why do I need to quit?

**Are you concerned about the effects of smoking on your health?**

Yes

No

**Would you like help to stop?**

Yes

No

**Are you aware of the free STOP SMOKING SERVICE in Brighton?**

Yes

No

**What would motivate you to give up smoking?** (please select all that apply)

LGBT counsellor

More LGBT friendly information

Other (please specify)

LGBT stop smoking service

Smoking ban

More information available

Nothing

**Q37 In the last five years have you taken illegal drugs or used legal drugs without a prescription/relevant medical advice?** Please remember this questionnaire is anonymous and you cannot be identified.

Yes Continue to Q37a

No Go to Q38

**Q37a Roughly how many times have you taken/used the following drugs listed in the past 12 months?**

	More than twice a week	Once or twice a week	Once or twice a month	Less than 11 times in past 12 months
Cannabis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crystal meth / Crystal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy / E / MDMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GHB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glue or aerosol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin / methadone / DFs / DF118 (dehydrocodeine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ketamine / K / Special K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LSD / Acid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painkillers: paracetamol/ibuprofen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magic mushrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poppers (Amyl Nitrate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Semiron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speed/ amphetamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steroids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Valium or tamazepam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Viagra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**What sources have you used to find out information about drugs? (please select all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> I haven't found any information              | <input type="checkbox"/> Magazines                                  |
| <input type="checkbox"/> Friends                                      | <input type="checkbox"/> Posters/flyers in clubs and venues         |
| <input type="checkbox"/> Dealers                                      | <input type="checkbox"/> Internet - not drug and LGBT organisations |
| <input type="checkbox"/> Leaflets/information from drug organisations | <input type="checkbox"/> Family                                     |
| <input type="checkbox"/> Leaflets/information from LGBT organisations | <input type="checkbox"/> Other please describe                      |
| <input type="checkbox"/> Information from the government              |   |

**Should there be LGBT campaigns and information in Brighton & Hove about drug use?**

- Yes                                       No                                       Unsure

**If yes, what would they address**

**Would you like more control over your drug use?**                       Yes                       No                       Don't know

**Have you ever used drug services in Brighton & Hove?**                       Yes                       No                       Don't know

**What, if anything, would encourage you to use drug services in Brighton & Hove?**

**Please tell us about your positive and negative experiences of using drugs and getting, help, advice and support**

**Q38**    **Would you like to be more physically active?**                       Yes                       No                       Unsure

**Q39**    **If you would like to be more physically active than you are at the moment, please select the three main reasons that stop you being more physically active?**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Lack of time              | <input type="checkbox"/> Injury                 | <input type="checkbox"/> Lack of facilities           |
| <input type="checkbox"/> Cost                      | <input type="checkbox"/> Disabilities           | <input type="checkbox"/> No LGBT specific facilities  |
| <input type="checkbox"/> Transport                 | <input type="checkbox"/> Dislike of exercise    | <input type="checkbox"/> homophobia / trans-phobia    |
| <input type="checkbox"/> Need women only space     | <input type="checkbox"/> Body image             | <input type="checkbox"/> Other (please specify below) |
| <input type="checkbox"/> Need men only space       | <input type="checkbox"/> No-one to do it with   |   |
| <input type="checkbox"/> Need trans friendly space | <input type="checkbox"/> Don't feel comfortable |   |

**Q40**    **Have you disclosed to your GP that you are Lesbian, Gay, Bisexual and/or Trans?**                       Yes                       No

**Q41**    **Would you prefer to use a GP clinic/service that was specifically for you as a LGBT person?**                       Yes                       No                       Don't know

**Q42 Have you had sex with someone in the last 3 years?**  Yes Go to Q42a  No Go to Q43

**Q42a I have sex with (do not include those who you have sex with for money, drugs or alcohol)**

- Members of the same-sex     
 Members of a different sex     
 Members of all sexes  
 Members of the opposite sex     
 Members of both male/female sexes

**How many people have you had sex with in the last 12 months?**

- One     
 6 - 10     
 16 - 20     
 26 or more  
 2 - 5     
 11 - 15     
 21 - 25     
 None in the last 12 months

**What do you think about the information on sexual health available in Brighton & Hove? Please indicate the extent to which you agree or disagree with the following statements**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The information is readily available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The information is easy to read and understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The quality of information is very good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The information is appropriate to my sexual practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The information is appropriate to my gender identity or sexuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information is diverse, catering for all groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Is there anything else you want to tell us about sexual health information in Brighton & Hove?**

Please skip forward to Q44

- Q43 Have you found it easy to not have sex and be LGBT?**  Yes  No
- Has not having sex been a conscious choice?**  Yes  No
- Do you feel that not having sex is respected in LGBT culture?**  Yes  No

**Please tell us about your experiences**

**Q44 When did you last have a sexual health check up?**

- Within the last 6 months     
 More than 5 years ago  
 Within the last 7 to 12 months     
 I don't need a sexual health check up  
 More than a year ago but within the last 5 years     
 Never

If you feel you do not need/never had a sexual health check up, please tell us why.

**Where did you have your most recent sexual health check up?**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> GP                      | <input type="checkbox"/> Another sexual health clinic in Brighton & Hove      | <input type="checkbox"/> LGBT social venue                      |
| <input type="checkbox"/> GU clinic (clap clinic) | <input type="checkbox"/> Another sexual health clinic outside Brighton & Hove | <input type="checkbox"/> Other                                  |
| <input type="checkbox"/> Claude Nicol            | <input type="checkbox"/> THT  | <input type="checkbox"/> I haven't had a sexual health check up |
| <input type="checkbox"/> Warren Browne           |   |   |

**Q45** If you needed help around sex / relationships, would you know where to find it?  Yes  No

**Q46** Have you ever taken payment for sexual acts?

- Yes Go to Q46a  No Go to Q47  Don't know Go to Q47

**Q46a** What have you ever exchanged sex for: (please select all that apply)

- Money  Drugs  Alcohol  Somewhere to stay  Other

**When you sold or exchanged sex, who did you have sex with? (please select all that apply)**

- Men  Women  Trans people  Other

**How often do you sell/ exchange sex? Please select one that most applies to you.**

- It is a regular source of income  It was just a one-off  
 Very occasionally, when I have to  I don't do it any more

**What were/are your reasons for selling sex? (please select all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> I wanted to work in the sex industry | <input type="checkbox"/> The hours/ money suited me better than other jobs |
| <input type="checkbox"/> Someone else forced me to do it      | <input type="checkbox"/> I couldn't get any other job                      |
| <input type="checkbox"/> I needed money for housing           | <input type="checkbox"/> Other   |
| <input type="checkbox"/> I needed money for drugs/ alcohol    |  |

**Which of the following best describes how you work**

- |  |  |
|--|--|
| <input type="checkbox"/> I work independently as an escort         | <input type="checkbox"/> I work for a massage parlour/ flat/ sauna |
| <input type="checkbox"/> I work for an escort agency               | <input type="checkbox"/> I work from the street/ car parks         |
| <input type="checkbox"/> I work independently from an indoor venue | <input type="checkbox"/> Other                                     |

**Q47** Have you ever received a HIV test result?  Yes Go to Q47a  No Go to Q48

**Q47a** What was your most recent result?  Positive  Negative

**If negative, were the results within the last 12 months?**  Yes  No

**If it was positive, when were you first diagnosed?**



**Q48** What, in your opinion, should be the top 3 priorities for improving Health and Well-being for LGBT people in Brighton & Hove in the next 5 years?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Mental health   | <input type="checkbox"/> Access to GP's                       | <input type="checkbox"/> Eating distress   |
| <input type="checkbox"/> Alcohol use     | <input type="checkbox"/> Sexual health                        | <input type="checkbox"/> LGBT friendliness of leisure/fitness/physical health activities |
| <input type="checkbox"/> Drugs use       | <input type="checkbox"/> LGBT friendliness of health services | <input type="checkbox"/> Other (please specify)  |
| <input type="checkbox"/> Stop smoking    | <input type="checkbox"/> Access to counselling/group work     |  |
| <input type="checkbox"/> Physical health | <input type="checkbox"/> Emotional support                    |  |

**Q49** Is there anything you would like to add to this section on 'Health and Wellbeing'? This can include explanations of your answers and further comments or telling us about something that has not been mentioned in this section that you think is important.

## Section 5: Support and Services

This section asks you about your experiences of services, your support networks and caring responsibilities.

**Q50** Have you experienced any direct or indirect discrimination from anyone providing services, goods or facilities on account of your sexual orientation / gender identity in the last 5 years?  
(eg. advice agency, college, council, shop, hotel, club, gym, plumber)

- Yes  
 No  
 Sometimes  
 Unsure

**Q51** How LGBT friendly do you find the following services:

	Very friendly	Friendly	Neither friendly nor unfriendly	Unfriendly	Very unfriendly
Council and other Public Services (excluding police & health services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voluntary Sector services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LGBT specific services and groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use the box below to tell us about your experiences if you want to:

**Q52** Do you ever feel excluded/uncomfortable using mainstream (public but not LGBT specific) services?

- Yes, but not because of my sexuality/gender identity  
 Yes, because of my sexuality/gender identity  
 No  
 I don't know

**Q53 Which type of services would you prefer to use?**

- LGBT specific services (run for LGBT people)
- LGBT friendly services (welcoming but not targeted at LGBT people)
- A mixture of LGBT specific and friendly services
- My sexuality/gender identity is unimportant in my use of services
- Other (please specify)

**Q54 Are you willing to give information about your sexual orientation / gender identity when using or accessing services for monitoring purposes?**

- Yes, always
- Yes, if the information was anonymous and confidential
- It would depend on how LGBT friendly I thought the service was
- Sometimes
- Never
- Don't know
- Other (please specify)

**Q55 Are there services designed to meet your needs, which you cannot or choose not to use?**

- Yes  No  Unsure

If 'yes' please can you explain why you cannot or choose not to use the service.

**Q56 Do you have any suggestions for LGBT services that aren't available now?**

- Yes  No  Unsure

Please tell us the type of service you would like to see

**Q57 Who supports you (practically and emotionally) on a regular basis? (Don't include people who receive payment when they support you i.e. paid carers, line managers at work). Please select all that apply**

- No one
- Partner who lives with you
- Partner who do not live with you
- Dependents who live with you
- Dependants who do not live with you
- Lovers
- LGBT friends
- Straight friends
- Family of origin
- Don't know
- Other (please specify)

**Q58 Who relies on you for support (practically and emotionally) in a caring role on a regular basis? (don't include support that you provide solely in paid work or as a volunteer in a support group or network)**

Please select all that apply

- |   |            |   |            |
|---|------------|---|------------|
| <input type="checkbox"/> No one                             | Go to Q59  | <input type="checkbox"/> Lovers           | Go to Q58a |
| <input type="checkbox"/> Partner who lives with you         | Go to Q58a | <input type="checkbox"/> LGBT friends     | Go to Q58a |
| <input type="checkbox"/> Partner who do not live with you   | Go to Q58a | <input type="checkbox"/> Straight friends | Go to Q58a |
| <input type="checkbox"/> Dependents who live with you       | Go to Q58a | <input type="checkbox"/> Family of origin | Go to Q58a |
| <input type="checkbox"/> Dependants who don't live with you | Go to Q58a | <input type="checkbox"/> Other            | Go to Q58a |

**Q58a** Where do you get support for your role in supporting others? (please select all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Friends               | <input type="checkbox"/> Children                      | <input type="checkbox"/> Internet groups/online groups |
| <input type="checkbox"/> Family of origin      | <input type="checkbox"/> Other dependants not children | <input type="checkbox"/> Internet chatrooms            |
| <input type="checkbox"/> Partners              | <input type="checkbox"/> Voluntary services            | <input type="checkbox"/> My own resources              |
| <input type="checkbox"/> Professional services | <input type="checkbox"/> Support groups                | <input type="checkbox"/> Other (please specify)        |

**As a LGBT carer, have you experienced bullying, abuse, discrimination exclusion from and/or been unable to access the following in Brighton & Hove in the last 5 years:** (please select all that apply)

- |                                     |  |  |
|-------------------------------------|--|--|
| <input type="checkbox"/> Housing    | <input type="checkbox"/> Health services                         | <input type="checkbox"/> LGBT specific venues and events   |
| <input type="checkbox"/> Police     | <input type="checkbox"/> Voluntary agencies                      | <input type="checkbox"/> LGBT specific services and groups |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Mainstream (not LGBT) venues and events | <input type="checkbox"/> Other LGBT people                 |
| <input type="checkbox"/> Education  |  |  |

**Q58c** On balance, how easy is it for you to be an LGBT carer in Brighton & Hove?

- |  |                          |                          |                            |                          |                          |
|--|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
|  | Very easy                | Easy                     | Neither easy nor difficult | Difficult                | Very difficult           |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |

**Q59** Who do you rely on in a personal crisis? (please select all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Friends                                 | <input type="checkbox"/> Voluntary services            |
| <input type="checkbox"/> Partners                                | <input type="checkbox"/> Support groups                |
| <input type="checkbox"/> Children                                | <input type="checkbox"/> Internet groups/online groups |
| <input type="checkbox"/> Other dependants (not children)         | <input type="checkbox"/> Internet chatrooms            |
| <input type="checkbox"/> Lovers                                  | <input type="checkbox"/> My own resources              |
| <input type="checkbox"/> Family of origin                        | <input type="checkbox"/> Other (please specify)        |
| <input type="checkbox"/> Professional services (e.g. counsellor) |  |

**Q60** Is there anything you would like to add to this section on 'Support and Services'? This can include explanations of your answers and further comments or telling us about something that has not been mentioned in this section that you think is important.

## Section 6: Relationships

This section asks about your relationships, your family of origin and being a parent.

**Q61 Have you or would you enter into a civil partnership?**

Yes, have already

Definitely will

Possibly

Definitely not

Don't know

**Q62 Do you now (since the December 5th 2005) feel pressured to choose a civil partnership?**

Yes

No

Don't know

**Q62a If you feel pressured, please tell us about it.**

**Q63 Have you ever been in a relationship or had a partner?**  Yes Go to Q64  No Go to Q65

**Q64 Are you in a partnership/relationship now?**

No

Yes - opposite gender/sex

Yes - with more than one person

Yes - same gender/sex

Yes - different gender/sex

**Q64a I usually have relationships with:**

One person in monogamous relationship

I usually have open relationships

I don't usually have committed relationships

Other (please specify)

I am polyamorous (more than 1 person)

**Q64b How would you describe your relationship with your most recent partner?**

Good

Satisfactory

Poor

Troubled

**Have you ever been married to someone of the opposite sex?**  Yes  No

**Are there gaps in services/ support for LGBT people in relationships?**

Yes (please specify below)

No

Don't know

**Q65 How would you describe your current relationship with members of your family of origin:**

Very good

Good

Neither good nor poor

Poor

Very poor

**Q66 Are you 'out' to your family of origin about your sexual orientation / gender identity? (please select all that apply)**

Yes - they are very supportive

No - I think they will be supportive if I tell them

Other (please specify)

Yes - they accept it

No - I will never tell them

I don't have a family of origin

Yes - they do not like it

**Q67 Are you a parent, guardian or closely related to a child or young person?**

Yes Go to Q67a

No Go to Q69

**Q67a Have you or your children experienced any difficulties which you feel were directly related to your sexuality/gender identity?**

	Regularly	Sometimes	Hardly	Never
From health professionals during pre / post natal care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From health professionals at other times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At pre-school / nursery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth club / group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting legal advice and information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax or benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Has a child in your family ever been bullied or taunted because of your sexuality/gender identity?**

Regularly

Sometimes

Hardly

Never

**Do you know where to get advice and support about the implications of the Civil Partnership Act for you and your children?**

Yes

No

**Do you know where to get advice and support as a LGBT parent, guardian or close relation?**

Yes

No

**Q68 Please explain any positive or negative experiences of parenting and your sexuality if you want to:**

**Q69 Is there anything you would like to add to this section on 'Relationships'? This can include explanations of your answers and further comments or telling us about something that has not been mentioned in this section that you think is important.**

## Section 7: Housing

This section asks you about your housing, where you live, who you live with and whether you have moved around.

**Q70** What is the first half of your postcode where you live? (e.g: BN23)

**Q71** Which one of the following best describes the type of accommodation you live in now?

- |  |                  |   |           |
|--|------------------|---|-----------|
| <input type="checkbox"/> Privately owned           | Go to Q72        | <input type="checkbox"/> Staying with friends/partner | Go to Q72 |
| <input type="checkbox"/> Rented - Council Housing  | Go to Q72        | <input type="checkbox"/> I am homeless                | Go to Q72 |
| <input type="checkbox"/> Rented - Association      | Go to Q72        | <input type="checkbox"/> LGBT house-share             | Go to Q72 |
| <input type="checkbox"/> Rented - Private landlord | Go to Q72        | <input type="checkbox"/> Other house-share            | Go to Q72 |
| <input type="checkbox"/> Residential care          | Continue to Q71a | <input type="checkbox"/> Student accommodation        | Go to Q72 |
| <input type="checkbox"/> Sheltered housing         | Continue to Q71a | <input type="checkbox"/> Trailer/caravan              | Go to Q72 |
| <input type="checkbox"/> Supported housing         | Continue to Q71a | <input type="checkbox"/> Chalet                       | Go to Q72 |
| <input type="checkbox"/> Institutional care        | Continue to Q71a | <input type="checkbox"/> Flat/house                   | Go to Q72 |
| <input type="checkbox"/> Temporary accommodation   | Go to Q72        | <input type="checkbox"/> Other                        | Go to Q72 |

**Q71a** Have you experienced any homophobic abuse/ harassment/negative attitudes in your accommodation?

Yes

No

Are you 'out' in your accommodation?

Yes

No

Please tell us about your experiences of living in your accommodation as an LGBT person?

**Q72** Do you live in (please select one)

- |  |            |   |            |
|--|------------|---|------------|
| <input type="checkbox"/> North Portslade   | Go to Q72a | <input type="checkbox"/> Tarner (South Hanover)     | Go to Q72a |
| <input type="checkbox"/> Hangleton & Knoll | Go to Q72a | <input type="checkbox"/> St James Street & Kemptown | Go to Q72a |
| <input type="checkbox"/> Laburnum & Moyne  | Go to Q72a | <input type="checkbox"/> Bristol Estate             | Go to Q72a |
| <input type="checkbox"/> Brunswick (East)  | Go to Q72a | <input type="checkbox"/> Bevendean                  | Go to Q72a |
| <input type="checkbox"/> Hollingbury       | Go to Q72a | <input type="checkbox"/> Moulsecoomb                | Go to Q72a |
| <input type="checkbox"/> Hollingdean       | Go to Q72a | <input type="checkbox"/> Whitehawk & Manor Farm     | Go to Q72a |
| <input type="checkbox"/> Saunders Park     | Go to Q72a | <input type="checkbox"/> Queens Park & Craven Vale  | Go to Q72a |
| <input type="checkbox"/> St Peters         | Go to Q72a | <input type="checkbox"/> None of these areas        | Go to Q73  |

**Q72a** As an LGBT person who lives in your neighbourhood, have you experienced bullying, abuse, discrimination exclusion from and/or been unable to access the following in Brighton & Hove in the last 5 years: (please select all that apply)

- |                                     |  |  |
|-------------------------------------|--|--|
| <input type="checkbox"/> Housing    | <input type="checkbox"/> Health services                         | <input type="checkbox"/> LGBT specific venues and events   |
| <input type="checkbox"/> Police     | <input type="checkbox"/> Voluntary agencies                      | <input type="checkbox"/> LGBT specific services and groups |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Mainstream (not LGBT) venues and events | <input type="checkbox"/> Other LGBT people                 |
| <input type="checkbox"/> Education  |  |  |

**On balance, how easy is it for you to live in your neighbourhood and be LGBT in Brighton & Hove?**

Very easy	Easy	Neither easy nor difficult	Difficult	Very difficult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Do you tell people on the scene where you live?**  Yes  No

**Have you experienced any homophobia/transphobia in the area where you live?**  Yes  No

**Have you ever experienced negative reactions from LGBT people because of where you live?**  Yes  No

**Q73 Who do you currently live with? (please select all that apply)**

<input type="checkbox"/> Alone	<input type="checkbox"/> Bisexual friend(s)	<input type="checkbox"/> Stranger(s)/acquaintance(s)
<input type="checkbox"/> Gay/Lesbian/friend(s)	<input type="checkbox"/> Sibling(s)	<input type="checkbox"/> Other family member(s)
<input type="checkbox"/> Same-sex partner	<input type="checkbox"/> Trans friend(s)	<input type="checkbox"/> Lodger(s)
<input type="checkbox"/> Different-sex partner	<input type="checkbox"/> Straight/heterosexual friend(s)	<input type="checkbox"/> Other (please specify below)
<input type="checkbox"/> Parent(s)	<input type="checkbox"/> Children	

**Q74 If you have a partner, do you live with your partner?**

<input type="checkbox"/> I don't have a partner	Go to Q75	<input type="checkbox"/> We do, but not 'officially'	Go to Q75
<input type="checkbox"/> Yes, we live together	Continue to Q74a	<input type="checkbox"/> No, we live separately	Go to Q75

**Q74a Since the Civil Partnership Act have you reported that you are living with your partner to any relevant agencies (council, benefits/tax office)?**

<input type="checkbox"/> Yes, all the agencies I have to	<input type="checkbox"/> No, none of the agencies	<input type="checkbox"/> Don't know why I should report
<input type="checkbox"/> Yes some of the agencies	<input type="checkbox"/> Don't know who to report to	<input type="checkbox"/> Not applicable to me

**Have you experienced any financial loss as a result of civil partnerships?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
------------------------------	-----------------------------	-------------------------------------

**If 'Yes' how much per month?**

**Do you have enough information about how the civil partnership act affects you?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
------------------------------	-----------------------------	-------------------------------------

**If no what more do you need?**

**How has civil partnership affected you?**

**Q75 Are you happy with your accommodation?**

	Yes	No	Don't know
Where you live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who you live with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q76** Have you changed where you live in the last 5 years?  Yes  No (go to Q77)

If you answered 'yes' did you (please select all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Move to Brighton & Hove for first time | <input type="checkbox"/> Move out of Brighton & Hove                             |
| <input type="checkbox"/> Move within Brighton & Hove 1-2 times  | <input type="checkbox"/> I haven't lived in Brighton & Hove for the last 5 years |
| <input type="checkbox"/> Move within Brighton & Hove 3-4 times  | <input type="checkbox"/> Other (please specify below)                            |
| <input type="checkbox"/> Move within Brighton & Hove 5+ times   |  |

**Q77** Do you have specialist housing needs?  Yes  No

**Q78** Have you had problems getting accommodation in Brighton & Hove?

- Yes Go to Q78a  No Go to Q79

**Q78a** I struggled to find accommodation because... (please select up to three)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Too expensive                  | <input type="checkbox"/> Lack of available/suitable housing | <input type="checkbox"/> Discrimination from landlords |
| <input type="checkbox"/> Lack of information            | <input type="checkbox"/> Not eligible for housing support   | <input type="checkbox"/> Lack of LGBT-friendly options |
| <input type="checkbox"/> Lack of local contacts/friends | <input type="checkbox"/> Lack of local connections          | <input type="checkbox"/> Other (please specify below)  |
| <input type="checkbox"/> Couldn't pay the deposit       |   |  |

**What did you do?**

**Q79** Have you ever been homeless (this includes sleeping rough; living in temporary council accommodation; staying in a hostel; staying with friends; sofa-surfing)?

- Yes, while in Brighton & Hove  Yes, while elsewhere  No (go forward to Q80)

**Q79a** Are you NOW sleeping rough; living in temporary council accommodation; staying in a hostel; staying with friends; sofa-surfing?  Yes  No

If 'no' do you have suitable accommodation now?  Yes  No

Has/did the Council conduct/ed a housing and care assessment?  Yes  No

If 'yes' did it include or take into account LGBT issues?  Yes  No

**How do you feel you were treated by the council?**

**How long were you homeless for?**

- Under a month  1 to 3 months  3 to 18 months  19 months or more



Please describe your experiences of sleeping rough; living in temporary council accommodation; staying in a hostel; staying with friends; sofa-surfing.

**Q80** Have you ever had sex or made yourself available to have sex with someone so that you had somewhere to stay within the last 5 years?

Yes  No  Yes, not within last 5 years

**Q81** Is there anything you would like to add to this section on 'Housing'? This can include explanations of your answers and further comments or telling us about something that has not been mentioned in this section that you think is important.

## Section 8: Brighton & Hove

This is the last section! It asks you specific things about Brighton & Hove.

**Q82** Do you currently live in Brighton & Hove?  Yes  No (go to Q82.1)

**Q82a** How long have you lived in Brighton & Hove?

Less than a year  1-5 years  6-10 years  10 + years

If you have lived elsewhere, how would you describe your experience of Brighton & Hove?

Only ever lived in Brighton & Hove  Better  
 Worse  Neither better nor worse

Where did you live now?

Please skip forward to Q83

**Q82.1** Would you like to live in Brighton & Hove?  Yes  No  Unsure

How often do you come into Brighton & Hove?

Daily  Weekly  Monthly  Yearly

Would you like the LGBT services available in Brighton & Hove to be also available where you live?

Yes  No  Unsure

Do you use specialist LGBT services/groups in Brighton & Hove because they are not available where you live?

Yes  No  Unsure

**If you moved out of Brighton & Hove, why did you leave?**

**Q83 Are you 'out' about your sexuality/gender orientation in Brighton & Hove?**

	Yes	No	Sometimes	Unsure	Not applicable
At work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When socializing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In my neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When using services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q84 Brighton & Hove is often promoted as the 'gay capital of England'**

	Yes	No	Unsure
Do you think Brighton & Hove lives up to this reputation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you want it to be the 'gay capital'?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q85 Would you like a LGBT Healthy Living Centre providing a range of LGBT health and community services?**

Yes  No

**Q86 The Police, Council and NHS have a responsibility to consult with local communities about the way services are provided.**

**How would you like to this consultation to happen (please select your top three):**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Open public meetings | <input type="checkbox"/> Citizens panel        | <input type="checkbox"/> Don't know             |
| <input type="checkbox"/> Questionnaires       | <input type="checkbox"/> LGBT community forums | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Community events     | <input type="checkbox"/> LGBT focus groups     |   |

**Q87 Have you attended Pride in Brighton & Hove in the last 5 years?**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Yes, every year   | <input type="checkbox"/> Yes, once           | <input type="checkbox"/> I have never been and do not want to go |
| <input type="checkbox"/> Yes, 2 to 4 times | <input type="checkbox"/> I have not been yet |  |

**Q88 Have you done/wanted to do any volunteer work in the last 5 years?**

- Yes Go to Q88a  No Go to Q89

**Q88a What did you, or do you now, want to get out of volunteer work? (please select all that apply)**

- Social reasons (e.g. meet new people, get to know the area)
- Employment reasons (e.g. move back into work/career progression)
- Service to others and the community (e.g. to make a difference/giving something back/sense of LGBT pride / community)
- Personal development (including training / learning new skills)
- Other please specify

**Do you now or would you want to volunteer with an LGBT group or service?**

Yes

No

Unsure

**Q89 Would you like to see any changes in Brighton & Hove?**

Yes

No

**If 'yes', what would you like to see?** (This can explain the answers you have given or offer different ideas/opinions)

**Q90 Is there anything you would like to add to this section on 'Brighton & Hove'? This can include explanations of your answers and further comments or telling us about something that has not been mentioned in this section that you think is important.**

**Did you fill in 'Count Me In Too!' survey in 2000?**

Yes

No

**Were you involved in a discussion/focus group for this research?**

Yes

No

**If you would like to be involved in discussion/focus groups, please see our website for information.**

**Is there anything else you want to add? Please use the box below to add any other thoughts or comments:**

**Congratulations! You have now finished the questionnaire  
Thank you very much for your time**