

# GRIS-Montréal Questionnaire / Part 1

We would like you to answer the following questionnaire by indicating how you feel about the situations presented. The information provided is and will remain confidential, meaning that only the volunteers facilitators and the GRIS's research team will have access to it. Your answers can be used in publications from GRIS, without identifying their origin. You're free to answer or not this questionnaire. Every completed questionnaire helps us to know the student population better. It also helps in the planning of our activities. Don't be afraid to be honest, that's what we're looking for!

**Do not write your name on this Questionnaire**

1. In your own words, what is **homosexuality**? What do you think about it? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. In your own words, what is **bisexuality**? What do you think about it? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. In your own words, what is **pansexuality**? What do you think about it? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
4. In your own words, what is **heterosexuality**? What do you think about it? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please <u>check the box</u> which answers best corresponds to the way you would feel in the following situations.		Very comfortable	Comfortable	Uncomfortable	Very uncomfortable
5. I find out my <b>best friend</b> is	a) <b>lesbian</b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
	b) <b>gay</b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
	c) <b>a bisexual or pansexual girl</b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
	d) <b>a bisexual or pansexual guy</b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
6. I find out that my <b>best friend</b> identifies as neither woman nor man		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
7. I find out my <b>sister or my brother</b> is	a) <b>lesbian</b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
	b) <b>gay</b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
	c) <b>a bisexual or pansexual girl</b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
	d) <b>a bisexual or pansexual guy</b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
8. I find out my <b>sister or my brother</b> identifies as neither woman nor man		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
9. I see <b>two women</b> showing public displays of affection (such as holding hands or kissing)		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
10. I see <b>two men</b> showing public displays of affection (such as holding hands or kissing)		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
11. I see <b>a man and a woman</b> showing public displays of affection (such as holding hands or kissing)		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
<b>The following rights are recognized in Québec. Are you comfortable with this?</b>					
12. All couples have the same rights and obligations, regardless of their sexual orientation		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
13. Two women in a couple have the right to start a family and to raise children		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
14. Two women in a couple have the right to start a family and to raise children		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

PLEASE WAIT FOR THE END OF THE WORKSHOP BEFORE TURNING THIS PAGE.



## GRIS-Montréal questionnaire / Part 2

1. Regarding the different sexual orientations (homosexuality, bisexuality, pansexuality, heterosexuality), has your opinion changed? If **yes**, in your words, what do you think now?

---



---



---



---



---



---

Please <u>check the box</u> which answers best corresponds to the way you would <u>NOW</u> feel in the following situations.		Very comfort- table	Comfor- table	Uncomfor- table	Very uncomfor- table
2. I find out my <b>best friend</b> is	a) lesbian	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
	b) gay	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
	c) a bisexual or pansexual girl	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
	d) a bisexual or pansexual guy	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
3. I find out that my <b>best friend</b> identifies as neither woman nor man		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
4. I find out my <b>sister or my brother</b> is	a) lesbian	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
	b) gay	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
	c) a bisexual or pansexual girl	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
	d) a bisexual or pansexual guy	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
5. I find out my <b>sister or my brother</b> identifies as neither woman nor man		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
6. I see <b>two women</b> showing public displays of affection (such as holding hands or kissing)		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
15. I see <b>two men</b> showing public displays of affection (such as holding hands or kissing)		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
16. I see a <b>man and a woman</b> showing public displays of affection (such as holding hands or kissing)		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
The following rights are recognized in Québec. Are you comfortable with this <u>NOW</u> ?					
17. All couples have the same rights and obligations, regardless of their sexual orientation		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
18. Two women in a couple have the right to start a family and to raise children		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
19. Two women in a couple have the right to start a family and to raise children		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

NOW PLEASE ANSWER THE QUESTIONS ON THE LAST PAGE OF THIS QUESTIONNAIRE.

# GRIS-Montréal questionnaire / Part 3

1. How old are you?	<input type="checkbox"/> 11 and -	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20 and +
2. I identify myself as...	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Neither female nor male (specify if you wish _____)							
3. What is your religion?	<input type="checkbox"/> No religion	<input type="checkbox"/> Catholic	<input type="checkbox"/> Protestant	<input type="checkbox"/> Orthodox Christian						
	<input type="checkbox"/> Jewish	<input type="checkbox"/> Muslim	<input type="checkbox"/> Another : _____							
4. If religious, please tell us if you are practising	<input type="checkbox"/> Practising or <input type="checkbox"/> Non-practising									

5. In your family or amongst your friends, do you know at least one gay, lesbian, or bisexual person?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. If yes, check all the boxes of the appropriate responses.					
Gay	Bisexual	Lesbian	Bisexual		
<input type="checkbox"/> <sub>1</sub> Father	<input type="checkbox"/> <sub>11</sub> Father	<input type="checkbox"/> <sub>21</sub> Mother	<input type="checkbox"/> <sub>31</sub> Mother		
<input type="checkbox"/> <sub>2</sub> Brother	<input type="checkbox"/> <sub>12</sub> Brother	<input type="checkbox"/> <sub>22</sub> Sister	<input type="checkbox"/> <sub>32</sub> Sister		
<input type="checkbox"/> <sub>3</sub> Cousin	<input type="checkbox"/> <sub>13</sub> Cousin	<input type="checkbox"/> <sub>23</sub> Cousin	<input type="checkbox"/> <sub>33</sub> Cousin		
<input type="checkbox"/> <sub>4</sub> Uncle	<input type="checkbox"/> <sub>14</sub> Uncle	<input type="checkbox"/> <sub>24</sub> Aunt	<input type="checkbox"/> <sub>34</sub> Aunt		
<input type="checkbox"/> <sub>5</sub> Friend	<input type="checkbox"/> <sub>15</sub> Friend	<input type="checkbox"/> <sub>25</sub> Friend	<input type="checkbox"/> <sub>35</sub> Friend		
<input type="checkbox"/> <sub>6</sub> Neighbour	<input type="checkbox"/> <sub>16</sub> Neighbour	<input type="checkbox"/> <sub>26</sub> Neighbour	<input type="checkbox"/> <sub>36</sub> Neighbour		
<input type="checkbox"/> <sub>7</sub> Colleague	<input type="checkbox"/> <sub>17</sub> Colleague	<input type="checkbox"/> <sub>27</sub> Colleague	<input type="checkbox"/> <sub>37</sub> Colleague		
<input type="checkbox"/> <sub>8</sub> Acquaintance	<input type="checkbox"/> <sub>18</sub> Acquaintance	<input type="checkbox"/> <sub>28</sub> Acquaintance	<input type="checkbox"/> <sub>38</sub> Acquaintance		
<input type="checkbox"/> <sub>9</sub> Other: _____	<input type="checkbox"/> <sub>19</sub> Other: _____	<input type="checkbox"/> <sub>29</sub> Other: _____	<input type="checkbox"/> <sub>39</sub> Other: _____		

7. Are you attracted to:	<input type="checkbox"/> <sub>1</sub> Guys	<input type="checkbox"/> <sub>3</sub> Both guys and girls	<input type="checkbox"/> <sub>5</sub> No attraction
	<input type="checkbox"/> <sub>2</sub> Girls	<input type="checkbox"/> <sub>4</sub> People regardless of their sex or gender identity	<input type="checkbox"/> <sub>6</sub> I don't know

We encourage you to share your **comments and suggestions** regarding this workshop, the topics that were raised and those topics you would have liked to have seen raised.

Your opinion is important to us and allows us to improve our workshops.

---



---



---



---



---



---