

# GRIS-Montréal questionnaire / Part 1

We would like you to fill out this questionnaire. The information provided is and will remain confidential. Your answers can be used in GRIS publications, without identifying where they came from. You are free to answer or not this questionnaire. However, every completed questionnaire helps us to know the student population better. It also helps in the planning of our activities. Please choose an answer that best represents the way you feel towards the scenarios presented to you. 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 do you think of **homosexuality**?

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2. In your own words, what do you think of **bisexuality**?

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Please <u>check the box</u> which best corresponds to the way you would feel in the following situations.		Very comfort-table	Comfor-table	Uncomfor-table	Very uncomfor-table
3. I work on a <b>school project</b> with	a) a lesbian girl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b) a gay guy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c) a bisexual girl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d) a bisexual guy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I find out my <b>best (female) friend</b> is	a) lesbian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b) bisexual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I find out my <b>best (male) friend</b> is	a) gay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b) bisexual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I find out my <b>sister</b> is	a) lesbian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b) bisexual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I find out my <b>brother</b> is	a) gay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b) bisexual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I see <b>two women</b> showing public displays of affection (such as <b>holding hands or kissing</b> )		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I see <b>two men</b> showing public displays of affection (such as <b>holding hands or kissing</b> )		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In Québec, homosexual couples have the same rights and obligations as heterosexual couples, including adoption. Are you comfortable with the following statements? Au		Very comfort-table	Comfor-table	Uncomfor-table	Very uncomfor-table
10. Lesbian couples can adopt children.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Gay (male) couples can adopt children.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

# GRIS-Montréal questionnaire / Part 2

Please <u>check the box</u> which 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
1. I work on a <b>school project</b> with	a) a lesbian 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>
	b) a gay 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>
	c) a bisexual 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 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>
2. I find out my <b>best (female) 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) bisexual	<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 my <b>best (male) friend</b> is	a) 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>
	b) bisexual	<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</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) bisexual	<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>brother</b> is	a) 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>
	b) bisexual	<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 <b>holding hands or kissing</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>
7. I see <b>two men</b> showing public displays of affection (such as <b>holding hands or kissing</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>
Are you comfortable <u>NOW</u> with the following rights?		Very comfort- table	Comfor- table	Uncomfor- table	Very uncomfor- table
8. Lesbian couples can adopt 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>
9. Gay (male) couples can adopt 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>
10. 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 +				
11. What is your gender?	<input type="checkbox"/> Female <input type="checkbox"/> Male				
12. 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"/> Other : _____				
13. <u>If religious</u> , please tell us if you are practising?	<input type="checkbox"/> Practising or <input type="checkbox"/> Non-practising				
14. 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				
15. <u>If yes</u> , what is your relation to those people (for example: father, cousin, neighbour, etc.)?	_____				
16. Are you attracted to :	<input type="checkbox"/> Guys <input type="checkbox"/> Girls <input type="checkbox"/> I don't know <input type="checkbox"/> Both guys and girls <input type="checkbox"/> Neither guys nor girls				

We encourage you to share your **comments and suggestions** regarding this workshop. Did you like it? How has your opinion regarding homosexuality and bisexuality changed? Are there topics you would have liked to have seen raised? What are they? **Your opinion is important and helps us improve!**

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