

THE ANNUAL BICON SURVEY 2013 BICON EDINBURGH

Since BiCon 2004, we have collected information about people who attend the event, to find out something about you, and your thoughts on BiCon and bisexuality.

This information provides a profile used to compare changes in the BiCon community over time, as well as specific questions - this year we are focusing on biphobia. Research analysing the data is published in *Bi Community News*. **Please complete the survey and return to BiCon reception, or you can post it back to:**
BiPhoria, c/o LGF, 5 Richmond St, Manchester M1 3HF.

Section 1 - About You:

1. How old are you? _____ years

2. How would you describe your ethnicity?

3a. What country do you live in?

3b. If you live in the UK, what is the first part of your postcode?

3c. How far do you live from the nearest city/town? (with a population of over 100,000 people) _____ miles

4a. What term(s) do you use to describe your sexuality?

- Bisexual Lesbian Homosexual Gay
 Heterosexual Straight Queer Asexual
 BDSM / kinky Vanilla I don't use a term
 Other(s) - please specify:

4b. Have you ever described yourself as bisexual?
 Yes No

4c. When, if ever, did you first 'come out' about your sexuality?

4d. Which of the people in your life (e.g. friends, family, colleagues, etc.) are aware of your sexuality?

5. What term(s) do you use to describe your gender? (tick all that apply) Female only Female mostly
 Female somewhat more Female/male equally
 Male somewhat more Male mostly Male only
 None/no gender Androgynous Genderqueer
 Trans Other terms you use, please specify

6. What term(s) do you use to describe your relationships?

- Non-monogamous Monogamous Polyamorous
 In love! Single Married Divorced
 Separated Widowed
 Registered civil partnership Long term/serious relationship with _____ partner(s)
 Commitment ceremony with _____ partner(s)
 Other(s) please specify

7a. Are you currently

- In full time education Employed Unemployed
 Retired Medically retired or long term sick leave
 Full time carer Look after home/family
 Other, please specify

7b. If employed, is your employment?

- Full time Part time Fixed term contract Casual hours
 Private sector Public sector 'Third' sector
 Self employed Self employed with employees
 Other (please specify)

7c. What sector do you work in? (eg, IT, Education, Care work etc)

7d. What is your annual income (before tax)?

- £0-£10,000 £10,001-£15,000 £15,001-£20,000
 £20,001-£25,000 £25,001-£30,000
 £30,001-£35,000 £35,001-£40,000
 £40,001-£50,000 £50,001-£75,000
 Above £75k

7e. What is your highest educational qualification?

- No educational qualifications GCSEs/O-Levels or equivalent. A-Levels, Scottish Higher or equivalent
 First Degree/HND/DipHE or equivalent Postgraduate Degree Other (please specify)

8. What is your religion/spiritual belief?

- (tick all that apply)
 None Agnostic Atheist Christian Buddhist
 Hindu Muslim Jewish Sikh Pagan
 Spiritual - please specify:
 Other - please specify:

9. How would you describe your political beliefs?

Section 2 - BiCon and you:

10a. Have you been to a BiCon before? Yes No

10b. If yes, which years did you attend?

10c. How did you first hear about BiCon? (e.g. Internet, friend,) (if magazine, internet etc please specify the site or magazine name)

10d. Did you already know other people who would be at BiCon this year? Yes No

10e. What are your hopes and aims for BiCon?

(tick all that apply)

- I think I might be bisexual and want to find out more about bisexuality
- I want to be in a bisexual space, where bisexuality isn't seen as different
- to be in a gender-free/safe space
- to meet other bisexual people
- I am coming to support my bisexual partner
- to find a bisexual partner
- to have sex
- to spend time with friends
- to take part in/find out about bisexual politics and activism
- to have fun
- Other/s (please specify)

Section 3 - Relationships:

11a. If you are in a relationship, please tell us about the person/ people you're involved with and the gender & sexuality they define as.

11b. Who do you live with?

- I live by myself
- Flat/housemates
- Parent(s)
- Other family members
- ___ partners
- Friends
- Children
- Single partner
- Other (Please specify)

Section 4 - Your health:

12a. Do you experience a physical or mental health issue which affects your day to day life? Yes No

12b. If you ticked yes, please indicate the type of issue you experience:

- Hearing impairment
- Visual impairment
- Speech impairment
- Mobility impairment (eg wheelchair user)
- Unseen impairment (e.g. diabetes, epilepsy, asthma)
- Learning difficulties (e.g. dyslexia)
- Other, please specify
- Mental health issue, please specify

12c. Have you ever been given a diagnosis from a mental health professional for a mental health issue?

- Yes No

Section 5 - Media:

13a. Which social networking sites do you use - often, rarely, or have you used in the past?

	Have account and use regularly	Have account but don't use much	Used to use it, but stopped
Facebook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twitter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LiveJournal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FetLife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gaydar / Gaydargirls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OKcupid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tumblr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pinterest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Google+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LinkedIn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13b. How often do you read the LGBT press?

	Often	Sometimes	Used to
BCN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BiJou	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Journal of Bisexuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diva	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GT/Gay Times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ScotsGay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fyne Times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OutNorthWest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Midlands Zone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>