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Please note that you have 20 minutes to complete this page

*Are you over 18?

Choose one of the following answers

Yes

No

*What country do you live in?

Choose one of the following answers

Please choose...

Welcome to our Questionnaire.

We would like to hear **stories from people who are concerned about a range of issues relating to sex/gender, sexualities and abortion**. This includes (but isn't limited to) people who are concerned about one or more of the following issues: **abortion, gay or same-sex marriage, gay parenting, changes to sex and relationships education in schools, sex/gender identity, trans people's access to certain spaces or activities**.

We recognise **people are diverse** and have different experiences, and **we do not seek to make assumptions or generalizations** about people's unique concerns. You might be concerned about specific legislation, policies at work or school, wider cultural norms, certain behaviours or beliefs.

We want to hear about your personal experience of these issues - **what concerns you and what impact they have on you**, if any.

*Are you concerned about one or more of these types of issues?

Choose one of the following answers

Yes

No

Don't know

How would you describe your position or concerns?

*Consent to data being used

The information that you put into this questionnaire will only be used for the purposes of the Beyond Opposition research project (see our [privacy policy](#) for details). Please note that confidentiality will be broken if there is evidence of possible harm to yourself or someone else (see [FAQ page for more information](#)). If you do not want to submit your answers from this section, click the Do Not Consent option below. You can clear your answers and exit the survey at any point by clicking 'Exit and Clear Survey' in the top left-hand corner. If you submit the questionnaire, but later wish to withdraw your answers please provide your email address in the box below and contact us within 14 days of submission.

Choose one of the following answers

I consent to my answers in this section being used.

I do not consent to my answers in this section being used.

Continue

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How do your concerns about issues relating to **sex/gender, sexualities and abortion** affect where you go in your day-to-day life?

Have you had negative experiences due to your views in places like work, home, with family and/or public places? What happened?

Where do you share your views about these types of issues, and who do you share them with?

In what ways has Covid19 affected how and where you engage with these types of issues?

We are looking forward to reading more about your experience of speaking out/keeping quiet on the next page.

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i Choose one of the following answers

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- I do not consent to my answers in this section being used.

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What are your experiences of speaking out or keeping quiet about issues relating to **sex/gender, sexualities and abortion**?

Where do you find support for your views?

What would you like to see changed about these issues to improve your life or where you live?

Have you ever taken steps to do something about these issues?

Thank you - that is nearly everything. Just a few short questions about you on the next page.

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i Choose one of the following answers

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A bit about you:

Age	<input type="text"/>
Nationality	<input type="text"/>
Ethnicity	<input type="text"/>
Sex/Gender	<input type="text"/>
Sexuality	<input type="text"/>
Religion	<input type="text"/>
Disability/long term health impairment	<input type="text"/>
Occupation	<input type="text"/>
What qualifications do you have (if applicable)?	<input type="text"/>
Do you have any caring responsibilities (e.g. children, pets or elderly relatives?)	<input type="text"/>
Who do you live with?	<input type="text"/>
Is there anything else about your identity that is important to you?	<input type="text"/>

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! Choose one of the following answers

- I consent to my answers in this section being used.
- I do not consent to my answers in this section being used.

Optional - Email address for option of withdrawal:

Submit