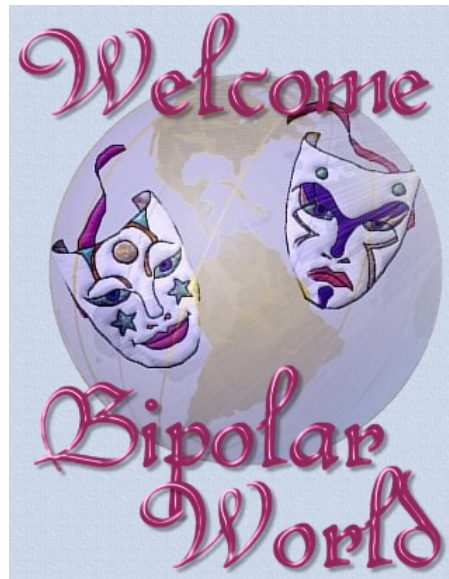


## **The Effectiveness of an Online Support Group:**

### **Bipolarworld.net Member Survey Report**



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## Introduction

Bipolar disorder is said to be one of the top ten most disabling conditions in the world (Murray & Lopez 1996). The National Institute of Mental Health estimates that approximately 5.7 million adults are affected by the disorder. The rapid growth of the Internet over the last decade has created many health-related resources for individuals to acquire information and communicate with others about many issues including mental health conditions such as bipolar disorder. This document addresses how the examination of the effectiveness of bipolarworld.net (BPW), a self-supported, self-help online community was measured through a report from a member-based survey.

BPW is a free online resource for individuals with bipolar disorder which complements their medical treatment regimes with self-help support. Launched in 1998, the site offers support and information to individuals, family members, friends and caregivers of those affected by bipolar disorder. BPW is volunteer-based and is not funded, organized or maintained by any company, organization, institution or practitioner. It was founded by and is maintained by individuals affected by bipolar disorder and is supported through member donations.

According to a study on Internet self-help groups conducted by Elizabeth Ann Pector, M.D., "Internet support is valuable for patients with rare, disabling or stigmatizing disorders, and for caregivers whose responsibilities prevent meeting attendance." (Pector 2003) Due to the disabling and stigmatizing nature of bipolar disorder and the need for those affected by it to seek treatment and support, an online support group such as BPW is effective and successful in many ways.

This final report describes how a research study was conducted to measure the effectiveness of BPW. The findings from this project were intended to assist the site's owners

and organizers with meeting one of their major goals “to become THE authoritative bipolar disorder site of this type on the Internet.” (Bipolar World)

The study was not intended to be a heuristic evaluation of BPW. Rather, the project examined how this site effectively uses electronic communication to provide members with free online assistance, support and resources. An online electronic survey was conducted from March 17 to April 11, 2007, with 183 members (202 with 19 exiting the survey after consent) of the online community to determine how bipolarworld.net assists them in dealing with issues relating to bipolar disorder through the site’s chat rooms, bulletin boards and information resources. The findings described in the report have determined how effectively the web site provides users with emotional support, increases their knowledge of bipolar disorder and helps them learn to cope with the conditions’ many issues.

This project’s anonymous survey uncovered interesting quantitative and qualitative results, which demonstrate that BPW is a very effective site for those with bipolar disorder. The evaluation of data from this research-based project has been shared with BPW’s owners and organizers to assist them with improving the site. The leaders of the site have created a mission statement and specific goals for this online community. In the form of a report, BPW’s leaders were presented with specific demographic information about members, what they gain from the site, how they use it as part of their treatment regime and suggestions to further enhance BPW. The project’s deliverable, a survey report, serves as the first research study which polls BPW members for feedback. Elements of this final report include information about bipolar disorder, an introduction, personal role and experience of the researcher, project description, literature review, methodology, report overview, conclusion, timeline, works cited and appendices.

## **Personal Role and Experience**

Through my studies as a graduate student in the Master of Science in Professional and Technical Communication at the New Jersey Institute of Technology, I have learned a great deal about the influence of technology on communication. Following a long hiatus from academia after earning an Associate of the Arts in Liberal Arts & Sciences from Mercer County Community College in Trenton, New Jersey, and a Bachelor of the Arts in Communication from the University of Bridgeport in Bridgeport, Connecticut, I finally found a suitable graduate course of study in the MSPTC program. I considered pursuing a graduate degree in psychology or marketing, but I do not believe that either would have addressed all three of my academic, professional and personal passions—communication, technology and psychology.

A significant portion of my graduate studies has focused on my interests in communication, technology and psychology through research projects such as a “Grant Proposal: Technology Enhancements for UNITE, Inc.,” a self-help group for those who have experienced miscarriages or stillbirths, and “The Power of Writing in Online Psychotherapy: E-Mail Thrives as a Therapeutic Component of the Patient/Counselor Relationship.” I have personal experiences with self-help groups and understand the nature of online communities that assist individuals and groups with health issues. I am familiar with the people and features of BPW and have known one of the site’s owners, Allie, for approximately four years. My role in this project was to use my knowledge of and experiences with technology, communication, mental health and online self-help to deliver a compelling analysis of an online survey of BPW members affected by bipolar disorder to the owners of the site and the MSPTC faculty of NJIT.

## Project Description

As stated in the introduction of this document, this research study examines the impact of the BPW online community on the well-being of users who are affected by bipolar disorder. This project revealed demographic information about who uses the main areas of this site. What are their diagnoses—Bipolar I or II? Are they mostly males or females? How old are they? Where do they live? What is their employment status? Besides quantitative demographic information, this project involves qualitative data. How have the members benefited from BPW? What areas of the site do they use the most? The chat room? Bulletin boards? Have they formed friendships through BPW? What suggestions can they share to enhance the site?

Evaluation of the data from this research project was shared with BPW's owners and organizers to assist them with improving the site. Research results will assist them in meeting some of their goals, specifically their major goal of becoming the best resource for bipolar disorder on the Internet. BPW's leaders have been presented with specific information based on what members gain from the site and how they use it as part of their treatment regime. The site presently tracks keywords that have been searched each month. However, no research on demographic information of the members or their wants, needs and opinions exist to measure the benefits of using BPW. A report resulting from this research project serves as the first research study that polled BPW members who use the site as a tool for dealing with bipolar disorder for demographic information and feedback.

## The BPW Member Survey Report

This project was intended for two main audiences—the owners of BPW and faculty members of NJIT’s MSPTC program. The owners, Allie and David, oversee and manage the site with partners and volunteers. The report, in part or in its entirety, may or may not be shared with members of BPW based on the wishes of Allie and David. This will be determined later as the survey is still open for additional respondents. The researcher will provide the BPW owners with an updated survey report after the survey is officially closed. *(Note: As of April 27, 2007 an additional 82 individuals completed the survey with one respondent was from India, increasing the number of countries represented to 12. They are not included in the survey report.)*

### Introduction

The survey report’s introduction provides an overview of the project with background information, objectives, methodology and survey data interpretation.

### Key Findings

1. **Participant demographics:** Gender, residence, age, marital status, education and employment status
2. **Participant bipolar disorder information:** Bipolar disorder classification, initial diagnosis, comorbid disorders and treatments
3. **BPW usage:** How long used and how often visited
4. **BPW areas:** Usefulness of site areas
5. **Benefits of using BPW:** Levels of agreement/disagreement of 14 statements concerning the site’s benefits
6. **BPW features and comments:** (Open-ended questions) Most liked feature, least liked feature, new or improved features and additional comments and suggestions

**Conclusion**

The conclusion summarizes the findings of the survey not only from a data analysis standpoint, but also how the results compare to the literature analysis of the project proposal, which indicate that self-help groups and online communities are effective for dealing with health issues such as bipolar disorder.

**Recommendations**

The final section of the report provides recommendations for potential improvements, new features, etc., for BPW based on the survey results. In addition, the conclusion presents how the research findings and their implications could be used beyond internal analysis. For instance, if the owners choose to release portions of the report or the report in its entirety, opportunities might arise for published articles, contributions to other Internet resources for self-help or towards fulfillment of grant applications. This project has already been proven to be unique and valuable to BPW, internally and externally.

## Time Line

This research project will follow specific procedures that were systematically implemented according to Table 1.

TABLE 1. PROJECT TIMELINE (2007)	
TASKS AND DELIVERABLES	COMPLETION
Project Proposal	March 1
Survey Instrument Design	March 1
Survey Pretest	March 10
Survey Implementation	March 17 - April 11
Data Formatting	April 17
Data Analysis/Findings Report	April 28

- Project Proposal:** Formulated the major components of the study– an introduction, personal role and experience, project description, literature review, methodology, report overview, conclusion, timeline, works cited and appendices.
- Survey Instrument Design:** Developed the instrument, an online electronic survey, which includes unbiased, well-structured questions to obtain data from the BPW members.
- Survey Pretest:** An initial draft of the survey was tested to determine if the questions needed to be revised and the overall quality of the instrument needs to be refined.
- Survey Implementation:** Implementation of the survey ensured that the participants were minimally inconvenienced and their identities remain confidential. An invitation on BPW's home page, in user forums and through an email list invited users to volunteer for the study and complete the online questionnaire.

- **Data Formatting:** The responses from the online survey were reviewed, categorized and/or coded in preparation for data analysis.
- **Data Analysis and Findings Report:** The data was tabulated and prepared for statistical analysis for inclusion in the final report of the research findings.

## Literature Review

Kay Redfield Jamison describes bipolar disorder and her experience with the condition in her best-selling book, An Unquiet Mind. "Manic-depression distorts moods and thoughts, incites dreadful behaviors, destroys the basis of rational thought, and too often erodes the desire and will to live. It is an illness that is biological in its origins, yet one that feels psychological in the experience of it; an illness that is unique in conferring advantage and pleasure, yet one that brings in its wake almost unendurable suffering and, not infrequently, suicide." (6)

Manic depression, which is now referred to as bipolar disorder, is a disabling condition as described by Kay Redfield Jamison. However, many individuals with the disorder are highly functional and successful in school, work and society. Several seek out psychiatric treatment from health professionals. In addition to medical care, medications and face-to-face therapy, many individuals with bipolar disorder participate in self-help groups as part of their treatment regime. A great number of these affected people use web sites that offer support and information. Yet despite the magnitude of bipolar disorder and the availability of online support group sites for this condition, there is little research specifically about the benefits of online support for the condition. However, there is related information available through literature and other resources that discuss self-help web sites which offer online support and counseling for those with other mental health and medical conditions.

According to three research studies about online self-help groups for depression, there are many benefits of using self-help web sites for assistance with mental health issues. A major benefit of online support communities is that such groups offer a sense of belonging and cohesiveness. Online support groups increase empathy and can decrease the sense of isolation of those with bipolar disorder. In a one-year study of Internet support groups for depression, those

who participated in the study “...were chronically depressed and socially isolated. Almost all participants felt that interacting with these groups helped their symptoms....” (Houston 2065) This type of support offers individuals who isolate the chance to improve their social lives. The study went on to determine that participants received a great deal of support from their online interactions with the groups, considered the support groups to be invaluable and used what they learned from their online communities in working with health professionals. (Houston 2067)

Responses from the BPW Member Survey show that the majority of individuals who participated in the study find that use of their online community reaps benefits such as a sense of belonging (73%), enhanced empathy from other members (70%), an increase in support (74%), a decrease in isolation (57%) and increased socialization (52%). These results are very similar to the findings of the one-year study of the depression support group.

A second study that investigated the effects of a web-based discussion group for depression concluded that Internet-based support removes the geographical distances that deter some individuals with mental health issues from attaining support from not only health professionals, but other individuals affected by depression as well. (Andersson) Individuals with bipolar disorder from around the world use the BPW website indicating that geographical distances do not prevent those with bipolar disorder from getting support from others with the condition. Respondents from the BPW survey hailed from 11 countries and 39 American states.

A third study, conducted by Johns Hopkins University and published in the American Journal of Psychiatry, concluded that online support groups offer benefits to individuals with depression. Out of 103 respondents, 96% were also undergoing other treatments such as face-to-face counseling. Participants were able to combine the information they received online with the assistance they received in their face-to-face care. Ninety-five percent of the respondents felt that

participating in the online support group helped them cope with their depression and that information about medications and emotional support were the main benefits of participating in the online community. In follow-up data from 72% of the participants, 62% asked their healthcare specialist a question stemming from their interactions with the group while 26% reported making a medication change due to their participation. Data collected from the follow-up participants indicated that regular users of the online group experienced a higher likelihood to come to terms with their depression.

The majority of the participants from the BPW survey find that the site supports their treatments and is effective for helping them cope with bipolar disorder just as in the case of the Johns Hopkins research. Through the site, 76% learned about new medications, 56% discovered new treatment options, 53% said that the site helped them work with their doctors and 74% found that BPW helped them better cope with bipolar disorder. An overwhelming 94.5% of the participants with bipolar disorder indicated that they have taken medication and 82.3% have undergone counseling or therapy as part of their treatment program.

## Theory

Theory serves as an explanation of how people, places and/or things function. Theories compare variables in a logical order and are usually validated by research. Two theory-related subjects, David Jay Bolter's hypertext theory and the importance of validity in research, proved to be important to the nature and design of the BPW survey project.

### **Hypertext Theory**

Hypertext places individuals into electronic social situations where cognitive, social and visual factors play a major role through interactivity, graphics, audio and video. Global communication and the formation of countless relationships have flourished through the Internet thanks to the development of hypertext.

Many aspects of Bolter's hypertext theory and the remediation of print directly relate to the BPW research project, which examined the effectiveness of the online support community. Use of the major areas of BPW represent the impact of how hypertext plays a powerful role in effective online self-help as it has improved the accessibility of information and communication in a timely, live environment. BPW is a site where seeking self-help has transformed from physically attaining printed works in a library or store or attending face-to-face meetings to gaining support in an online, hypertext/hypermedia-based environment.

The main sections of BPW are: Art Gallery, About Bipolar Disorder, About Us, Ask David (BP Relationships), Ask the Doctor, Ask the Psychologist, Bipolar Disorder, Bipolar MAIN Forums, Bipolar PLUS Forums, Books, Chat Rooms, Columns, Diagnosis, Disabilities, E-Mail Support List, Expressions, Family Members, Greeting Cards, Humorous Stories, Inspirational Pieces, Links & Rings, News, Personal Stories, Poetry Collection, Self-Injury, Suicide, Treatments, Web Site News and What's New? As seen in this list, the site offers

individuals several vehicles for expressing themselves creatively by posting their writing and artwork in hypertext and hypermedia formats. BPW's chat rooms and support forums are two areas of the site where hypertext-based and real-time systems in a virtual environment allow individuals to network with others diagnosed with bipolar disorder. It is in those areas that users support each with dealing with day-day issues through live discussions and forum postings. The survey results revealed that chat and the support forums are very effective for coping with bipolar disorder and increased socialization. Specifically, 51% of the members found the chat room useful and 70% reap benefits from the main bipolar forums.

### **The Importance of Validity in Research**

Validity is simply the correctness of a theory based on research. "Validity refers to the accuracy and trustworthiness of instruments, data, and findings in research. Nothing in research is more important than validity." (Bernard 46). If research methods and conclusions of a theory are weak, then it is invalid. A theory must be properly tested in an organized manner to merit validity. Validity is perhaps the most important aspect of research. It is based on the accuracy and dependability of the instruments, data and findings of the research. The instrument—a group of mostly closed-ended survey questions—for the BPW study was well-designed to attain valid responses from subjects that could be accurately measured during data analysis.

Criterion validity stemmed from the manner in which the independent variables such as employment status affect the dependent variables (outcomes) such as the usage frequency and benefit levels of BPW. As for construct validity, the project's instrument, a survey in this case, has a high level of criterion validity. The theory that BPW is effective for those with bipolar disorder correlates with the valid instrument of a survey that measures their personal experiences. Based on resources and findings from the literature review, self-help web sites have been found to effectively assist users with mental health conditions. The construct of BPW being

effective is the outcome of this project. The questions uncovered the demographics of who uses BPW, why they use it, how they use the site and how it is beneficial to them. Additionally, a high level of content validity was achieved by effectively covering many topics related to the usefulness of BPW. The nature of the survey questions extracted data based on content such as how one's diagnoses may relate to the treatments undertaken by those with bipolar disorder. In turn, these factors influenced the usage and benefits of BPW.

“Reliability is the consistency of your measurement, or the degree to which an instrument measures the same way each time it is used under the same conditions with the same subjects (Trochim). A survey question is generally a reliable instrument of measurement. This research project included survey questions that divulged consistent responses to determine the effectiveness of BPW. For instance, a question was posed about marital status. The specific response choices were married, single, not married but living with a long term partner, separated, divorced or widowed. The choices for this question derived consistent, reliable responses for later data analysis. If possible, the BPW survey may be administered at a later time to retest the reliability of the research.

## Methodology

### Research Methods

This research project uses an online tool, surveymonkey.com, to acquire data from members of BPW through an online survey. Surveymonkey.com is an instrument used to design surveys and has features that assist researchers with obtaining valid data. The survey began with an online consent form, which conforms to the “NJIT IRB Web-Based Survey Guidelines for Adults.” The fact that all participants remained anonymous was clearly emphasized in the first screen of the survey. A web-based survey for the study has the advantage that respondents can remain anonymous. (Eysenbach) Thus, an online survey instrument was ideal for this study as one is more likely to share pressing issues from an anonymous standpoint, breaking down the barriers of discussing sensitive issues. Following the consent form, the survey included 19 questions designed as indicated in Table 2.

TABLE 2. SURVEY QUESTIONS	
Question Type	Quantity - Topic
<i>Quantitative Closed-ended</i>	6: Demographic Information
	4: BP Diagnosis, Treatments & Other Disorders
	2: BPW Use: Length and Frequency
<i>Rating Scale</i>	2: Usefulness of BPW Areas
<i>Likert Scale</i>	1: Agree/Disagree with Benefit Statements
<i>Qualitative Open-ended</i>	2: BPW Features (Most and Least Liked)
	1: BPW Improvements & Recommendations
	1: Comments - Suggestions

### Data Analysis

The study involved variables which reaped interesting findings from data scoring and some comparisons. There are nominal variables such as treatments used and numeric values

including frequency of BPW usage. Besides basic tabulated results, the project featured comparison data analyzed to assess associations between variables and the outcomes. Part of the project's research design determined how the independent variables affect the dependent variables. (See Table 3 for the variables) Analysis of these variables and how they compare was beneficial in proving the null hypothesis that "BPW is effective in assisting site members with dealing with bipolar disorder."

<b>TABLE 3. INDEPENDENT AND DEPENDENT VARIABLES</b>	
<b>Demographic Information</b>	<b>Cognitive Information</b>
Gender	Usefulness of sections used
Age	Sections not used
Residence	Improved understanding bipolar disorder
Marital Status	Learned about medications
Education Level	Discovered new treatment options
Employment Status	Helped with working with doctors
Bipolar Classification	Decreased amount of isolation time
Time of Initial Diagnosis	Got support from others through site
Comorbid Disorders	Increased socializing
Treatments Undergone	Felt like part of a group or community
Length of time using BPW	Made friends on the site
Frequency of BPW usage	Found current bipolar disorder news
	Followed links to valuable information

For instance, do those affected by bipolar disorder who are disability use BPW more often and find the site more beneficial than those who are employed? Do users who are not engaged in face-to-face counseling reap more benefits than those who do? These questions represent just a few of the scenarios in which independent variables affect the research outcomes.

Several variables used in the BPW study reflect those from “Internet Support Groups for Depression: A 1-Year Prospective Cohort Study.” Demographic information including gender, age, marital status, employment situation, education, diagnosis and treatment methods are found in both studies. Additionally, independent variables such as positive/increased social interaction and emotional/informational support are found in the BPW and depression studies. Another study, “Internet Communities: Do They Improve Coping with Diabetes?” uses many of the same variables as the BPW survey: Age, gender, years since diagnosis, frequency of site visits, usefulness of site features, topics of interest and how the site has helped them cope with their illness. The depression and diabetes group studies concluded that Internet support groups are beneficial to those who seek online self-help. The same held true for “The Effectiveness of an Online Support Group: Bipolarworld.net Member Survey Report” study.

### **Key Findings from the BPW Member Survey**

**Participant Demographics:** The survey included closed-ended, demographic questions regarding residence, gender, age, marital status, education and employment. The member survey report includes comparative analysis involving demographic information.

**Residence:** Survey respondents hailed from 11 countries: The United States (147), Canada (13), United Kingdom (10), Australia (5), South Africa (2) Austria (1), China (1), Israel (1), Philippines (1), Puerto Rico (1) and Sweden (1).

The top 10 American states represented in the survey were: Texas (11), California (9), North Carolina (9), Florida (8), Indiana (8), New York (8), Michigan (7), New Jersey (7), Virginia (7) and Pennsylvania (6). Most participants were from the Midwest, falling slightly ahead of the Southeast representation. (Table 4)

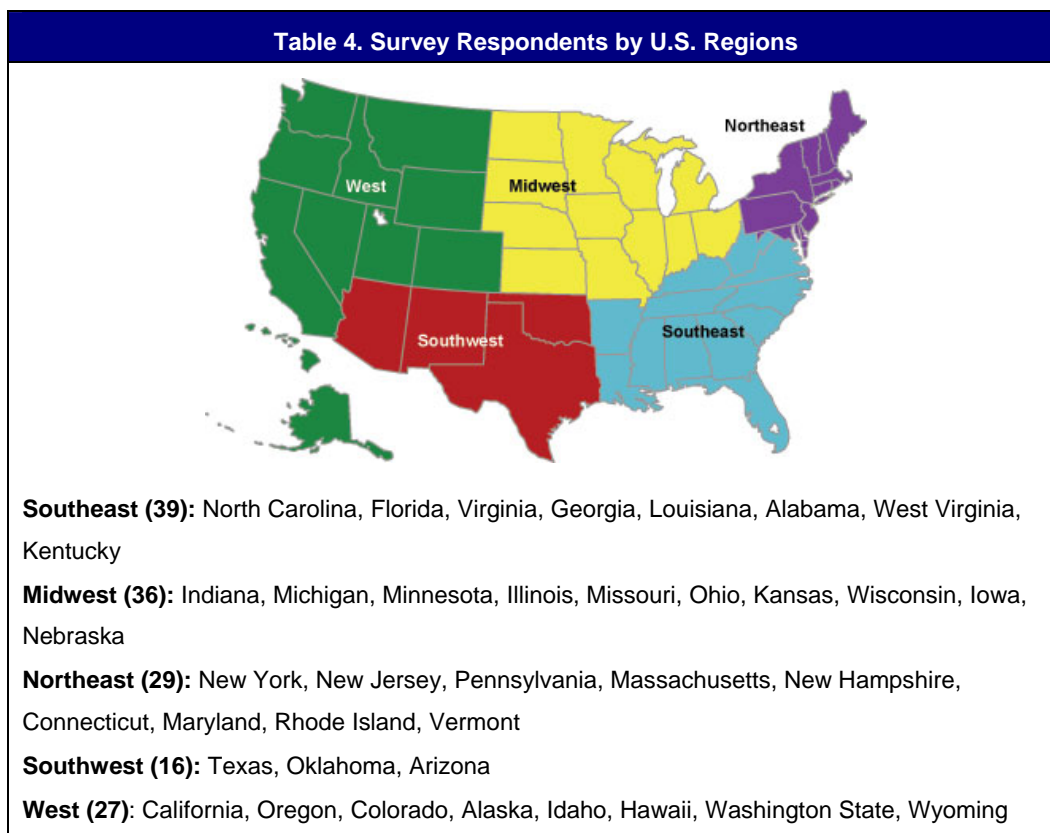
When asked to share any new or improved features for BPW, a respondent from Missouri noted that the site provided her with support that she could not obtain close to her home.

“I can't find a support group around where I live for at least 60 miles, so I truly depend on this site. Love it! I would feel lost without it now. I've grown to really depend on it.”

Additionally, two individuals from the United Kingdom offered suggestions from an international perspective.

“[M]ore information [may be] needed for those in the [UK], [BPW] seems to be very [A]merican orientated, for example med names vary, and helpline numbers[,] etc[.]”

The second person recommended that the site offer “more information relating to drugs and diagnostic criteria in the UK.”



**Gender and Age:** The majority of survey respondents were female (75%). The age of study participants was measured in five age ranges, with the most common ranges for study participants being 26-35 (26%) and 46-55 (25%). Only 5.5% were over 55 years old. Age did not

lead to any significant implications during data analysis. However, asking respondents for their age in exact years rather than age ranges may have produced significant results.

**Marital Status:** Fifty-three percent of the participants were married. The study showed interesting implications when comparing marital status to the benefits of decreased isolation and increased socialization from using BPW. A 62% majority of those who are single in some fashion—divorced, widowed or never married—experienced a decrease in isolation time thanks to using the site. A more neutral 52% of the individuals who are married or living with a partner, found a decrease in isolation time by using the site. Fifty-eight percent of the respondents increased their socialization through BPW while 55% of those with a significant other or spouse indicated that there was no increase.

**Education:** For the highest level of education question, 71% of BPW members who took the survey had at least some college education, 38% earned bachelor's degrees and 22% moved on to postgraduate work. These statistics indicate that individuals who use the site have actively engaged in higher education despite the many issues and treatments involved with bipolar disorder that can affect cognitive functioning.

An enthusiastic young female from New South Wales, Australia, addressed the issue of education and bipolar disorder in her responses to open-ended questions BPW.

“I HATE it when someone calls Bipolar a disease or a disability. I get the top grades in my high school in almost all subjects. That includes English, French, Visual Design, Science & Geography. I'm not great at math but I'm still getting good marks. I'm positive that the [university] I will soon attend will also be great. Bipolar does NOT disable me in any way and I prefer not being treated differently. We can do just as well as (if not better than) anyone else. :) Just have to keep on track.

I HATE it when someone calls Bipolar a disease or a disability. It is NOT a disability but some people let it be. I for one will not accept any special treatment because I am just as capable as anyone else. Actually, all that and more because I'm more creative, artistic and happy with life.”

**Employment:** Sixty percent of the survey participants were not employed in some fashion with 28% on temporary or permanent disability. Of those with bipolar disorder who are employed, 27% work full time. The frequency of visitation to the BPW site by employment status was compared during the data analysis phase of the project. Scoring of survey data determined that unemployed respondents visited the site several times per week whereas those employed frequented BPW on the average of once per week.

## Lessons Learned

Much of what I have learned from this project involves the creation and implementation of an online survey. I referred to many resources for designing surveys as seen in the Works Cited section of this final report. Although I carefully designed the BPW survey, I would have addressed the survey design and implementation differently as described below.

**Survey Tool:** Although I have experience with SurveyMonkey and it is a simplistic tool that was adequate for this study, I would investigate other online survey tools that have more robust reporting features and are more aesthetically pleasing for research I may conduct in the future. I found that SurveyMonkey has limitations in response design. For example, it would have been helpful to have a built-in, populated drop down list of American states for the residence question in the demographics section of the survey rather than respondents keyboarding in the state where they reside.

**Questions:** I would simplify the question response choices. For instance the Likert scale calls for five responses—strongly agree, agree, neutral, disagree and strongly disagree—but I opt for limiting the choices to agree, neutral and disagree. This would make it simpler for participant responses and data analysis. I would use exact age numbers rather than age ranges and add city to the residence question in the demographics section. Some respondents were eager to reveal the cities in which they live. I would also consider including an overall satisfaction question concerning the site at the end of the survey.

**Implementation:** Had I anticipated such a great response to the survey, I would have opened the survey much sooner and extracted data based on a longer time period. Since the survey was so successful, it is still open and receiving responses. I will complete another round of data analysis at a later time after we close the survey.

## Conclusion

Bipolarworld.net touches the lives of individuals dealing with bipolar disorder from around the world. This special online community has changed and saved lives through its chat rooms, bulletin boards, resources, information and, most importantly, its people. This research project has revealed valuable information about BPW that will assist the site's owners and partners with managing and improving their powerful online world. The results of this survey—the thoughts, feelings and experiences of individuals from the United States and abroad who frequent this unique community—has already reached out to a far greater audience outside of the Bipolar World. It has opened the eyes of the MSPTC faculty at NJIT and others less familiar with bipolar disorder and online self-help.

Results from “The Effectiveness of an Online Support Group: Bipolarworld.net Member Survey Report” will further aid individuals with bipolar disorder, assist those who help others cope with the condition and educate people who have never experienced this health issue that affects nearly 6 million adults each and every day. The impact that using bipolarworld.net has on those who seek help through the site is summed up in the following response from a survey participant with bipolar I disorder.

“There is no 'hiding' from the illness on this site. It is out in open and people are free to talk about. I don't feel ashamed to have it. People are very supportive here and it feels like a much more intimate site than it is. I appreciate that.”

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## Appendix A: Online Survey Consent Form

### BIPOLAR.NET SURVEY

Only individuals 18 years of age and older are permitted to participate in this survey.

All participant responses will be anonymous. No person will be identified in any presentation or publication of this research.

Respondents will only be identified by an ordinal number assigned when they begin the survey. For example, if a respondent is the 21st person to participate in the survey, the individual will be referred to as "Respondent Number 21."

Please do not provide any identifying information (e.g. name, e-mail address) anywhere in this survey.

As an online participant in this research study, please be aware that this survey is hosted on a secure server. However, the complete security of data exchanged over the Internet cannot be guaranteed.



Please be sure to fully read the above information about this research study and survey.

Click "EXIT THIS SURVEY" at the top right side of this page if you DO NOT wish to participate in this survey.

Continue with Survey







## Appendix B: BPW Survey Results: Demographics







### 3. DEMOGRAPHIC INFORMATION







1. What is your gender?			
		Response Percent	Response Total
Male		25.1%	46
Female		74.9%	137
<b>Total Respondents</b>			<b>183</b>
(skipped this question)			19







### 2. Where do you live?

Number of Respondents by Country and American State			
Country (11)		American State (38)	
United States	147	Texas	11
Canada	13	California	9
United Kingdom	10	North Carolina	9
Australia	5	Florida	8
South Africa	2	Indiana	8
Austria	1	New York	8
China	1	Michigan	7
Israel	1	New Jersey	7
Philippines	1	Virginia	7
Puerto Rico	1	Pennsylvania	6
Sweden	1	Georgia	5
		Minnesota	5
		Washington State	5
		Illinois	4
		Louisiana	4
		Oklahoma	4
		Oregon	4
		Alabama	3
		Colorado	3
		Missouri	3
		Ohio	3
		Alaska	2
		Idaho	2
		Kansas	2
		Massachusetts	2
		New Hampshire	2
		Wisconsin	2
		West Virginia	2
		Arizona	1
		Connecticut	1
		Hawaii	1
		Iowa	1
		Kentucky	1
		Maryland	1
		Nebraska	1
		Rhode Island	1
		Vermont	1
		Wyoming	1





3. What is your age?			
		Response Percent	Response Total
18-25 yrs.		17.5%	32
<b>26-35 yrs.</b>		<b>25.7%</b>	<b>47</b>
36-45 yrs.		16.4%	30
36-45		10.4%	19
46-55		24.6%	45
over 55		5.5%	10
<b>Total Respondents</b>			<b>183</b>
(skipped this question)			19

4. What is your marital status?			
		Response Percent	Response Total
<b>Married</b>		<b>37.2%</b>	<b>68</b>
Separated		3.3%	6
Divorced		19.1%	35
Widowed		1.6%	3
Living with partner but not married		9.8%	18
Single		29%	53
<b>Total Respondents</b>			<b>183</b>
(skipped this question)			19

5. What is your HIGHEST level of education?			
		Response Percent	Response Total
Some High School		11.5%	21
High School Degree		16.9%	31
<b>Some College</b>		<b>33.3%</b>	<b>61</b>
Undgraduate Degree		16.4%	30
Some Postgraduate		10.4%	19
Postgraduate Degree		11.5%	21
<b>Total Respondents</b>			<b>183</b>
(skipped this question)			19

6. What is your employment status?			
		<b>Response Percent</b>	<b>Response Total</b>
Full-Time		27.3%	50
Part-Time		8.2%	15
Self Employed		4.9%	9
Temporary Disability		4.9%	9
Permanent Disability		23%	42
<b>Not employed</b>		<b>31.7%</b>	<b>58</b>
<b>Total Respondents</b>			<b>183</b>
(skipped this question)			19

## Appendix C: Survey Results: Diagnosis, Treatments & Other Disorders

4. YOUR BIPOLAR DISORDER			
1. What is your bipolar disorder classification?			
		Response Percent	Response Total
<b>Bipolar I disorder</b>		50.6%	83
Bipolar II disorder		37.8%	62
Cyclothymic disorder		2.4%	4
<a href="#">View</a> Other (please specify)		9.1%	15
<b>Total Respondents</b>			<b>164</b>
(skipped this question)			38









What is your bipolar disorder classification?	
<a href="#">1.</a>	Bipolar Disorder Not Otherwise Specified (Mixed Types)
<a href="#">2.</a>	?
<a href="#">3.</a>	i don't know
<a href="#">4.</a>	Mixed Mood
<a href="#">5.</a>	Rapid cycling bipolar II, with combined episodes 4-6 times a year
<a href="#">6.</a>	bipolar/borderline personality schitzo disorder/adhd
<a href="#">7.</a>	bipolar disorder not classified
<a href="#">8.</a>	bipolar vs borderline
<a href="#">9.</a>	bi-polar [no number]
<a href="#">10.</a>	parent of bipolar II adult son
<a href="#">11.</a>	Bipolar Spectrum Disorder
<a href="#">12.</a>	bi-polar features
<a href="#">13.</a>	aspergers
<a href="#">14.</a>	rapid cycle
<a href="#">15.</a>	bipolar 1 with psychosis
<a href="#">16.</a>	bipolar affective disorder, not specified
<a href="#">17.</a>	Bipolar Mixed
<a href="#">18.</a>	just bipolar
<a href="#">19.</a>	Bipolar NOS,ptsd from child hood

2. How long ago was your initial diagnosis? (Please estimate if you are unsure.)			
		Response Percent	Response Total
Less than 1 week		2.4%	4
Less than 1 month		3.7%	6
Less than 6 months		7.9%	13
6 months to 1 year		6.7%	11
1 - 3 years		20.7%	34
<b>4 - 10 years</b>		<b>34.1%</b>	<b>56</b>
11 -19 years		17.7%	29
20 years or more		6.7%	11
<b>Total Respondents</b>			<b>164</b>
(skipped this question)			38

3. Do you have any comorbid disorders?			
		Response Percent	Response Total
None		22.6%	35
ADD/ADHD		17.4%	27
<b>Anxiety Disorder</b>		<b>42.6%</b>	<b>66</b>
Borderline Personality Disorder		19.4%	30
Schizophrenia		3.9%	6
Obsessive Compulsive Disorder (OCD)		20%	31
Post Traumatic Stress Disorder (PTSD)		25.2%	39
Substance Abuse		20.6%	32
<a href="#">View</a> Other (please specify)		15.5%	24
<b>Total Respondents</b>			<b>155</b>
(skipped this question)			47

**OTHER:**







Do you have any comorbid disorders?	
<a href="#">1.</a>	Fibromyalgia, IBS.
<a href="#">2.</a>	Schizoaffective
<a href="#">3.</a>	history of substance abuse altho not in my current diagnostic profile
<a href="#">4.</a>	I experience anxiety in large social gatherings. I used to self-medicate w/ marijuana, but haven't used for 11 years.
<a href="#">5.</a>	schizoaffect
<a href="#">6.</a>	Personality Disorder NOS
<a href="#">7.</a>	schizoaffective
<a href="#">8.</a>	Major depression.
<a href="#">9.</a>	schizoaffective
<a href="#">10.</a>	Eating Disorder
<a href="#">11.</a>	Social Phobia
<a href="#">12.</a>	Restless Leg Syndrome
<a href="#">13.</a>	schizoaffective
<a href="#">14.</a>	Panic Attack Disorder
<a href="#">15.</a>	I've been sober 21 years. I was 18 when I got sober. My sobriety date is 3/14/86. I attend 3-4 AA meetings weekly. I believe my alcohol abuse was to medicate my untreated bipolar.
<a href="#">16.</a>	high functioning aspergers
<a href="#">17.</a>	possible Borderline Personality Disorder or Codependency Disorder - t/p docs still working on diagnosis
<a href="#">18.</a>	panic attacks, depression, trichillmoni(sp?)
<a href="#">19.</a>	eating disorder bed
<a href="#">20.</a>	diabetes II, neuropathy
<a href="#">21.</a>	Multipe Personality Disorder
<a href="#">22.</a>	Body Dysmorphia, eating disorders
<a href="#">23.</a>	seasonal affective disorder
<a href="#">24.</a>	S.A.D.









4. What treatments have you undergone?			
		Response Percent	Response Total
	<b>Medication</b>		94.5% 155
	Counseling/Therapy		82.3% 135
	Self-Help		54.9% 90
	Out-Patient Hospitalization		28.7% 47
	In-Patient Hospitalization		54.3% 89
	Electroconvulsive Therapy (ECT)		7.9% 13
	None		3% 5
<a href="#">View</a>	Other (please specify)		6.7% 11
<b>Total Respondents</b>			<b>164</b>
(skipped this question)			38

**OTHER:**

What treatments have you undergone?	
<u>1.</u>	Alternative: massage, shiatsu, vitamins
<u>2.</u>	Am 53 - had intense therapy in my late 20's.
<u>3.</u>	Diet, Chiropractic, Herbal and other alternative medicines. These seem to have been the most helpful to me without causing deleterious side effects.
<u>4.</u>	vns
<u>5.</u>	Reiki, Mindfulness Meditation, Omega 3, Running & Other Types Of Aerobic Exercise, Tai Chi, Self-Hypnosis
<u>6.</u>	Labotomy
<u>7.</u>	vagus nerve stimulator
<u>8.</u>	biofeedback / neurotherapy
<u>9.</u>	Nationa Alliance for the Mentally Ill and have done RECA program
<u>10.</u>	N.A.Support group
<u>11.</u>	AA

## Appendix D: Survey Results: BPW Usage & Usefulness of Areas

5. YOUR BIPOLAR WORLD USAGE			
1. How long have you been using Bipolar World?			
		Response Percent	Response Total
<b>This is my first visit</b>		34.6%	56
Less than 6 months		22.2%	36
7 -11 months		8.6%	14
1-2 years		13.6%	22
3-4 years		11.1%	18
5 or more years		9.3%	15
Don't know		0.6%	1
<b>Total Respondents</b>			<b>162</b>
(skipped this question)			40

2. How often do you visit Bipolar World?			
		Response Percent	Response Total
<b>Every day</b>		34.6%	56
Several times a week		13.6%	22
Once a week		1.2%	2
Several times a month		6.8%	11
About once a month		1.9%	3
Less than once a month		3.1%	5
This is my first visit		33.3%	54
Not sure (don't keep track)		5.6%	9
<b>Total Respondents</b>			<b>162</b>
(skipped this question)			40

## 6. AREAS OF BIPOLAR WORLD (Art to Email)

1. Please rate the usefulness of the following areas of BPW.

	Very Useful	Useful	Not Useful	Don't Use	Response Total
Art Gallery	13% (20)	21% (31)	3% (5)	<b>62% (93)</b>	<b>149</b>
About Bipolar Disorder	<b>39% (58)</b>	34% (50)	1% (1)	27% (40)	<b>149</b>
About Us	16% (24)	40% (59)	3% (4)	<b>42% (62)</b>	<b>149</b>
Ask David (BP Relationships)	15% (22)	25% (37)	3% (5)	<b>57% (85)</b>	<b>149</b>
Ask The Doctor	23% (34)	29% (43)	1% (1)	<b>48% (71)</b>	<b>149</b>
Ask The Psychologist	18% (27)	30% (44)	2% (3)	<b>50% (75)</b>	<b>149</b>
Bipolar MAIN Forums	<b>44% (65)</b>	26% (38)	1% (2)	30% (44)	<b>149</b>
Bipolar PLUS Forums	26% (38)	26% (38)	1% (2)	<b>48% (71)</b>	<b>149</b>
Books	15% (23)	32% (47)	3% (5)	<b>50% (74)</b>	<b>149</b>
Chat Rooms	30% (45)	21% (31)	4% (6)	<b>45% (67)</b>	<b>149</b>
Columns	18% (27)	36% (54)	1% (2)	<b>44% (66)</b>	<b>149</b>
Diagnosis	25% (37)	32% (47)	2% (3)	<b>42% (62)</b>	<b>149</b>
Disabilities	17% (26)	28% (42)	2% (3)	<b>52% (78)</b>	<b>149</b>
E-Mail Support List	19% (29)	18% (27)	3% (4)	<b>60% (89)</b>	<b>149</b>
<b>Total Respondents</b>					<b>149</b>
(skipped this question)					53

## 7. AREAS OF BIPOLAR WORLD (Expressions to What's New)

1. Please rate the usefulness of the following areas of BPW.

	Very Useful	Useful	Not Useful	Don't Use	Response Total
Expressions	20% (28)	25% (34)	1% (2)	<b>53% (73)</b>	<b>137</b>
Family Members	18% (25)	20% (27)	4% (5)	<b>58% (80)</b>	<b>137</b>
Greeting Cards	9% (13)	20% (28)	4% (5)	<b>66% (91)</b>	<b>137</b>
Humorous Stories	20% (28)	31% (43)	2% (3)	<b>46% (63)</b>	<b>137</b>
Inspirational Pieces	20% (27)	34% (47)	2% (3)	<b>44% (60)</b>	<b>137</b>
Links & Rings	22% (30)	26% (36)	2% (3)	<b>50% (68)</b>	<b>137</b>
News	28% (39)	31% (42)	2% (3)	<b>39% (53)</b>	<b>137</b>
Personal Stories	28% (39)	<b>36% (50)</b>	1% (2)	34% (46)	<b>137</b>
Poetry Collection	20% (27)	21% (29)	4% (5)	<b>55% (76)</b>	<b>137</b>
Self-Injury	20% (27)	25% (34)	5% (7)	<b>50% (69)</b>	<b>137</b>
Suicide	26% (36)	20% (28)	6% (8)	<b>47% (65)</b>	<b>137</b>
Treatments	33% (45)	<b>34% (46)</b>	3% (4)	31% (42)	<b>137</b>
Web Site News	20% (28)	32% (44)	5% (7)	<b>42% (58)</b>	<b>137</b>
What's New?	23% (32)	28% (39)	6% (8)	<b>42% (58)</b>	<b>137</b>
<b>Total Respondents</b>					<b>137</b>
(skipped this question)					65

## Appendix E: Survey Results: Benefit Statements

8. BENEFITS OF USING BIPOLAR WORLD						
1. Please rate the following statements concerning the benefits you have received from visiting Bipolar World.						
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Response Total
Improved my understanding bipolar disorder	42% (53)	34% (43)	22% (27)	2% (2)	0% (0)	125
Learned about medications	44% (55)	32% (40)	22% (27)	2% (2)	1% (1)	125
Discovered new treatment options	26% (33)	30% (37)	42% (52)	2% (3)	0% (0)	125
Helped me work better with my doctors	31% (39)	22% (27)	43% (54)	2% (3)	2% (2)	125
Decreased amount of isolation time	32% (40)	25% (31)	35% (44)	6% (8)	2% (2)	125
Got support from others through site	48% (60)	22% (27)	26% (32)	3% (4)	2% (2)	125
Increased socializing	33% (41)	19% (24)	36% (45)	8% (10)	4% (5)	125
Felt like part of a group or community	43% (54)	30% (37)	23% (29)	4% (5)	0% (0)	125
Made friends on the site	34% (42)	18% (22)	33% (41)	14% (17)	2% (3)	125
Found current bipolar disorder news	37% (46)	26% (33)	34% (43)	2% (2)	1% (1)	125
Followed links to valuable information	38% (48)	34% (42)	24% (30)	2% (2)	2% (3)	125
Enjoyed online expressions of members (i.e., stories, artwork, poems, humor)	42% (52)	22% (28)	31% (39)	4% (5)	1% (1)	125
Saved me from harming myself	19% (24)	18% (23)	48% (60)	6% (8)	8% (10)	125
Helps me better cope with bipolar disorder	44% (55)	30% (37)	24% (30)	2% (3)	0% (0)	125
<b>Total Respondents</b>						<b>125</b>
(skipped this question)						77

## Appendix F: Survey Results: Qualitative Responses About BPW

9. BIPOLARWORLD FEATURES & COMMENTS		
1. What feature of Bipolar World do you like the MOST?		
<a href="#">View</a>	<b>Total Respondents</b>	<b>82</b>
(skipped this question)		120

### What feature of Bipolar World do you like the MOST?

- everything I need in one site
- the forums and the chat room
- anything that helps me
- i like open chat room the best
- The chat room.
- There is no 'hiding' from the illness on this site. It is out in open and people are free to talk about. I don't feel ashamed to have it. People are very supportive here and it feels like a much more intimate site than it is. I appreciate that.
- Its important to look up meds when you need or want more information than one has about their meds.....I like the main page a great deal.....and also many of the moderators have links to med look-up lines, that are very helpful.
- Bipolar Plus (other illnesses)
- Forums to post at.
- Photos and support
- the forums
- Chat room
- Chat
- coffee shop
- Writing of poems and stories
- All Support forums Chat room
- Daily Journaling, coffee shop,gardening, weather
- the bipolarworld forums
- ability to journal and have others support you who truly understand
- ask the doctor
- forums and the chat
- The support forumns
- bipolar meds info
- n/a
- The people
- Sharing the e-mails together. It is very imformative.
- 
- Online chat groups
- chat
- email
- Support
- chat room
- Don't really know cause I just found this site.
- articles of those who attend Nami meetings or stories and art and poetry or any mental health classes.
- The email list
- the chats and the info about what bipolar disorder is
- I like my personal journal where I can get ideas and support.
- The chat rooms

- That I can write anytime I feel the need like 24 hours a day/7 days a week. Don't have to wait for an appointment. Everyone on there really understands me, so unlike family, because they are going through it also personally.
- interested in what people describe on side effects for medications because my doctor is changing mine right now
- I like that when I need someone to talk to I can post how I am feeling and get a response because I don't like talking to friends because they don't understand stories about med problems
- User Posts
- treatments, ask the doctor
- Chatrooms
- I am very fond of the support chatroom and the forums
- Waking up in the morning and having my coffee while reading the email posts, getting replies to my questions, and making new friends.
- Dr. Advice and treatment options. Medication information.
- New here so I'm not sure what all you offer
- The feature I like the most is Dr. Phelps' question and answer section. I tried the nonmedication route for several years, but eventually had to admit it wasn't working. His approach of tackling bipolar disorder from ALL angles-medication, diet, lifestyle, therapy, etc-is extremely helpful.
- chat
- Chat
- personal stories
- the chat room, i am new here
- The daily journals
- Chatrooms
- news updates
- journaling
- Don't know. First visit
- chat
- I love the message board.
- being able to share my experience with others
- Chat
- Extent of archived information, links to other sites. Chatroom can be very helpful.
- Forums
- connection to people who understand
- Don't know...this is my first visit.
- personal story
- Personal stories.
- Forums
- Explanations of BP that I can relate to- helps me realize that I'm not the only one going thru BP. The medication explanations/anecdotes are helpful too, especially when I switch.
- =(^\_^)= I'm not the only one who has it!! It's a REAL thing.
- n/a
- lgbt support
- When it's not just bipolar forum
- Not sure. Just wanted to meet people that may understand.
- chat
- chat..when you can actually log on
- chat and forums
- Can help each other out in a wonderful community where everyone has a commonality that brings them together. Never have I seen such support and care for fellow individuals. When people join either place they are only a stranger for moments then members of a community.
- Forums
- Chat
- The Chat Room

2. What feature of Bipolar World do you like the LEAST?		
<a href="#">View</a>	<b>Total Respondents</b>	<b>69</b>
(skipped this question)		133

### What feature of Bipolar World do you like the LEAST?

- really aren't any
- chat, not into that
- cant say i like a particular part the least
- None
- Nada.
- Nothing comes to mind that I don't like.
- I never go to the main forum
- e-mail notification of posts never works.
- anything else, i haven't really used any other features.
- Web page news
- artwork
- Not sure what to say. All parts are use, just maybe not to me.
- i don't know
- Poetry
- chat, sometimes
- can't say I've found any
- chat rooms
- Don't have one
- storms columns
- n/a
- Restrictions on sending e-mails to others by putting bipolar world in the to, and everyone else in the bccc
- I like everything
- The chat and specifically because it's often full of trolls.
- none
- poetry..but i am not into poetry
- don't know
- The lesbiab/gay forum. I don't get why it is needed?
- Don't know, I just found this site.
- it is all good
- Nothing
- none
- The chat function. I can never get it to work... :(
- nothing so far
- None really.
- a lot of people whining
- Not often, but sometimes you won't get a response at all and you feel like your not important during those times.
- way people list meds.If there was a pre form of meds it might make it easier for me to comprehend
- ask the psychologist
- not applicable
- Poems are not allowed on email posts. Sometimes a poem expresses just what you want to say better than you can say it.
- Dont use art or poetry
- ?
- The psychologist's question and answer section.
- none

- None
- na
- unsure yet
- Stories/poetry
- none
- light expressions
- Don't know. First visit.
- chat
- that no one listens to me and many times the chat rooms are poorly monitored and people go off subject creating a stressful environment for others where some people do not get heard or helped
- The almost exclusive emphasis on pharmaceutical treatment.
- Online expressions
- Don't know...this is my first visit.
- e-mail support
- There seems to be a tendency, at times, to use BP as an all-encompassing excuse; as a free pass to do whatever and blame BP. While BP does affect a person's entire life, I think it is up to the individual to do everything possible to get better and not just rely on Psych. visits. Diet, exercise, and routines do wonders but I haven't seen that emphasized, and instead get the feeling often that it is up to the MDs to get an individual's BP under control.
- I HATE it when someone calls Bipolar a disease or a disability. I get the top grades in my high school in almost all subjects. That includes English, French, Visual Design, Science & Geography. I'm not great at maths but I'm still getting good marks. I'm positive that the uni I'm will soon attend will also be great. Bipolar does NOT disable me in any way and I prefer not being treated differently. We can do just as well as (if not better than) anyone else. :) Just have to keep on track.
- n/a
- don't know although there are sites I don't use but they benefit others
- Nothing.
- none
- not being able to access the chat rooms
- suicide wall for personal reasons
- not enough people to currently support the dual diagnosis chat room. Is a big issue among bps yet a trigger topic as well so doesn't go to be talked about often
- Front page. I think it needs to be redesigned.
- None
- There isn't a feature I dislike LEAAST

3. Are there new or improved features that you would like to see at Bipolar World?		
<a href="#">View</a>	<b>Total Respondents</b>	<b>59</b>
(skipped this question)		143

### Are there new or improved features that you would like to see at Bipolar World?

- no
- I would like to see more chat rooms and people encouraged to take private chats elsewhere. It disrupts the chat room when 2 or 3 people take over the conversation. Quite often they have no interest in anyone else. There are often 20-25 people in the chat room.
- I would love to have spell check.
- I've looked for an easy way to find a description of meds, side effects, half life, etc., a couple of times when I am prescribed something new. A link to a description of meds is not evident on the main board.
- e-mail notification working.
- can't think of any.
- A place that teens can come and talk in a chat room for themselves.
- more info on binge eating disorder
- I would like to see more of the chit chat in support room moved out another room
- Being able to be on the 2 of the BPW message boards at one time.
- Not really
- just miss some of the old regulars at chat, some new ones discuss issues out of range of bipolar
- email, email, email
- more information relating to drugs and diagnostic criteria in the UK
- stay more up to date with news stories concerning bipolars and bipolar disorder...
- n/a
- no
- not sure
- I have not looked at all the features
- Email notification of new replies to suscribed threads
- I will let you know
- I would like more study on nutrition and the lack of minerals that keep bi polar folks more on track
- I can't think of any at the moment
- sometimes the chats wont load
- Better chat.
- Not that I can think of, very happy with the site. I look forward to it everyday. I can't find a support group around where I live for at least 60 miles, so I truly depend on this site. Love it! I would feel lost without it now. I've grown to really depend on it.
- I would like to see more about having bipolar and being able to work. I work full time and need the support to be able to do this because it is so very hard. there is a bipolar-working but absolutely no one posts there. I would like a list of tips about coping at my job and since I had to tell my supervisor and their supervisor, I would like help on maintaining a professional relationship while they know these things about me.
- not really
- more color perhaps a rotating group of moderators ie make one of us a moderator for a day
- hmmm.... maybe an easier to read menu. alphabetised. i get confused looking for things when they're not ordered (no, i'm not OCD ;)) and maybe some better security... i got a pop-up when i got onto the site.
- can't think of any
- I don't know what that would be.
- Real time doctor..professional advice. More biographies. Inspirational stories of folks that are living very succesful lives. High profile survivours'advocates
- ?
- Bipolar World is great just as it is.

- more chat room time
- More chat operators to deal with out of control users
- maybe a brief heading besides the personal stories so that you could more easily find a subject you are looking for that fits what you are currently feeling
- unsure
- Better smiles
- n/a
- no
- more smiley faces
- Can you create a web-based software that will keep track of my moods, medication, etc.? Instead of an excel spreadsheet, a web-based software only available at bipolarworld.net would be beneficial.
- more operators in the chat rooms during late night hours
- Not that I can think of at this time; I'm a newbie
- Will let you know...
- can't think of anything
- More information... I still don't know much about this thing I have. Ooooh and maybe like a part of the site where it has successful stories of people with Bipolar. I'm going to be a well-known, much-loved novelist, so naturally I would be on that page (eventually)
- n/a
- Everything seems to be nicely moving along and kept up over time.
- No.
- no
- none
- updated book reviews newsletters
- Lottery giveaways - just kidding :) I think bpw is doing great and I'm quite happy with it.
- Front page. Easier to read.
- Site redesign
- No

4. Do you have any additional comments or suggestions?

[View](#) Total Respondents 56

(skipped this question) 146

#### Do you have any additional comments or suggestions?

- perhaps more info on lgbt & bp together
- no
- more information maybe needed for those in the uk, seems to be very american orientated, for example med names vary, and helpline numbers etc
- The chat section was a little difficult to navigate at first, though people in the mornings were very helpful. It did put me off at first.
- I have no other suggestions, I think this site is very well put together,
- The moderator on the main forum has a history of being petty, vindictive, and just nasty. I won't go there.
- Thank you thank you thank you for giving me this online help-I would be lost without it.
- no
- Nope but thanks
- Best site for BP I have found to date.
- see above
- Everything is awesome just the way it is!
- This board has really enhanced my entire life. Before BPW, I felt as if I was the only person on the planet with BP. I no longer feel that way. I have friends who understand exactly what I'm going through now. BPW is the best thing that's happened to me since my dx many years ago.
- no
- remove storm columns from website..
- n/a
- Open chats only when Ops are available or have Ops on call at all times - with a way to be contacted.
- no
- nope
- no
- Need more info (links) about bipolar, & it's symptoms. I haven't found a great deal of info...I had to ask questions. Unless I haven't come across it? The set up of the site is somewhat choppy & the forums need to be organized more & have a better focus for each one.
- thanks for being here if/when i need you!
- So far so good. Nice to see others in my condition.
- MORE MeDITATION LESS MeDICATION
- Keep up the good work!
- none
- Have a very hard time connecting to chat room
- Not really, just keep up the good work. Love the site! Thanks.
- the main bipolar website has a ton of people that just whine about their meds and how they stopped taking their meds completely or only take them occasionally depending on how they feel. I don't want to hear this, I want to hear how people recognize they have a medical condition, take action by seeing a doc and complying with their professional judgement, and the rest is left to deal with. There is also one person that must spend every evening for hours on the board and monopolizes making it seem that the consensus of information comes from her.
- I am so glad I found this site because it does help me when I need someone.
- not at this time
- No.
- Great site.
- I'm just glad to see a well put together website on bipolar. Keep up the great work
- No, thanks.

- thank you for the help
- None
- would love to use chat rooms on this site but have difficulty getting access
- thank you for creating this forum for people with bipolar
- n/a
- no
- i would like a better explanation of the art section, i dont understand how to use it.
- you should make operators more easily accessable to seasoned regular members in case of an emergency situation. and have a link in the forum where members can go if they would like to become an operator.
- Dam glad I found the site
- Not yet...maybe in the future.
- This is my first visit.
- I HATE it when someone calls Bipolar a disease or a disability. It is NOT a disability but some people let it be. I for one will not accept any special treatment because I am just as capable as anyone else. Actually, all that and more because I'm more creative, artistic and happy with life. Take care everyone!
- n/a
- 'bipolarworld has been invaluable to me for over 10 years and i appreciate every person that works to keep this site at its best. thank you all very much:
- I'd be lost without bipolar world forums and though I don't visit the main site as often as I used to I feel when I need information on something it's the best place to refer too. Also enjoy the writing on the main site.
- No.
- no
- no
- BPW ROCKS!!!
- I love the site. It is incredibly helpful.
- None