

Client Survey 2016

Fremantle Women's Health Centre (FWHC) wants to continue to grow and develop to be the best possible women's health provider for you. Your opinion is very important to us, so thank you for taking the time to fill out this survey. The information you provide is anonymous.

Please tick the relevant boxes.

1. How many times have you attended FWHC in the last 12 months?
 1 time 2 – 5 times 6+ times

2. Age Group:
 Under 16 16 - 24 25 - 44
 45 - 60 Over 60

3. Country of birth:
 Australia Overseas _____

4. Do you identify as:
 Aboriginal Torres Strait Islander

5. Language spoken at home:
 English Other _____

6. Suburb of residence: _____ Post code: _____

7. How were you referred to FWHC?
 Self / attended previous years
 Friend / family member
 Child Health Nurse
 Health service
 Community service
 GP
 Other

8. What has been the reason(s) for your attendance at FWHC in the past 12 months? Tick more than one box if relevant.
 Doctor's appointment(s)

- Nurse's appointment(s)
- Counselling appointment(s)
- Group participation
- Health promotion event
- Health information
- Library
- Other: (please specify)

9. Please give an overall rating (circle the relevant number) on the quality of services you have received at FWHC in the last 12 months:

1 _____ 2 _____ 3 _____ 4 _____ 5 _____

Very Poor **Poor** **Satisfactory** **Good** **Very Good**

10. What did we do well?

11. What could we have done better?

12. Did we help with your health issues?

13. What other services should we provide?

14. What are the things we should no longer be doing?

15. Please rate (circle the relevant number) and comment on the quality of service from the following staff in the last 12 months (if you had no contact with particular staff, put NA - not applicable).

Receptionists

1 _____ 2 _____ 3 _____ 4 _____ 5 _____

Very Poor

Poor

Satisfactory

Good

Very Good

Comment:

Nurses

1 _____ 2 _____ 3 _____ 4 _____ 5 _____

Comment:

Doctors

1 _____ 2 _____ 3 _____ 4 _____ 5 _____

Comment:

Counsellors

1 _____ 2 _____ 3 _____ 4 _____ 5 _____

Comment:

Group Leaders

1 _____ 2 _____ 3 _____ 4 _____ 5 _____

Comment:

Crèche Staff

1 _____ 2 _____ 3 _____ 4 _____ 5 _____

Comment:

Executive Director

1 _____ 2 _____ 3 _____ 4 _____ 5 _____

Comment:

16. Would you consider returning to the centre in the future?

Yes

No

If you answered No, please comment why:

THANK YOU