whnr
WOMEN'S HEALTH
NORTHERN RIVERS

YOUR EXPERIENCE OF SERVICE SURVEY

Thank you for taking a moment to share your experience with us. Your feedback helps us improve our services and better meet your needs. All information collected is anonymous.

How did you hear about WHNR?
☐ Friend or family
☐ Another service
☐ Online search
☐ social media
☐ Other:

Which Services Did You Use? (Please tick all that apply)
☐ Counselling
☐ Social Work Support
☐ Domestic and Family Violence Support
☐ Drop-in Support
☐ Nursing clinic
☐ Information/referral
☐ Group program:
☐ Other:

Did you experience any barriers to accessing our services? (e.g., transport, language, childcare, disability access)
☐ Yes
☐ No
If yes, please describe:

About Your Experience

Thinking about the support or care you received from WHNR in the last 3 months or less, how much do you agree with the following?

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
It was easy to access the service	☐	☐	☐	☐	☐	☐
I felt welcome at the service	☐	☐	☐	☐	☐	☐
I felt respected by staff	☐	☐	☐	☐	☐	☐
I felt safe using the service	☐	☐	☐	☐	☐	☐

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
My privacy was respected	☐	☐	☐	☐	☐	☐
My individuality and values were respected (such as my culture, faith, gender identity etc.)	☐	☐	☐	☐	☐	☐
My rights & responsibilities were explained to me	☐	☐	☐	☐	☐	☐
I am aware of how to provide feedback or to make a complaint if I wish	☐	☐	☐	☐	☐	☐
The staff listened to what was important to me	☐	☐	☐	☐	☐	☐
The services and my options were explained clearly to me	☐	☐	☐	☐	☐	☐
I felt involved in decisions about my care	☐	☐	☐	☐	☐	☐
The care or support I received was relevant to my situation	☐	☐	☐	☐	☐	☐
The care or support that I received was helpful to my situation	☐	☐	☐	☐	☐	☐
If I needed extra support, referrals or follow-up options were explained clearly	☐	☐	☐	☐	☐	☐
I would recommend WHNR to other people	☐	☐	☐	☐	☐	☐

Is there anything else you'd like to share about your experience with our service—whether it's something we did well or something we could improve?

About You (Optional)

The information in this section helps us to understand if we are missing out on feedback from some groups of people. It also tells us if some groups of people have a better or worse experience than others. Knowing this helps us focus our efforts to improve services. Your answers will be kept confidential. Please share only what you're comfortable with.

What is your gender?
☐ Female
☐ non-binary
☐ a different gender: _____

What is your age?
☐ 16 to 24 years
☐ 25 to 34 years
☐ 35 to 44 years
☐ 45 to 54 years
☐ 55 to 64 years
☐ 65 years or older

What is the main language you speak at home?
☐ English
☐Other: _____

Are you of Aboriginal or Torres Strait Islander Origin?
☐ Yes, Aboriginal
☐ Yes, Torres Strait Islander
☐ Yes, Aboriginal and Torres Strait Islander
☐ No

Do you identify as LGBTQIA+?
☐ Yes
☐ No

Do you identify as a person with a disability?
☐ Yes
☐ No

If you would like to be contacted by us to discuss further, please let us know your name and contact details:

Thank you for taking the time to provide your feedback. You can return completed forms to by email to support@whnr.org.au or in person to the collection box in reception.