

Women Health Grampians Women's Sexual and Reproductive Health Survey



1. Postcode

2. Town

3. Age: (Please circle)

10–14 15–19 20–24 25–29 30–34 35–39 40–49 50–59 60–69 70–79 80–89 90 and over

4. Please tick relevant option.

- Aboriginal Torres Strait Islander Both Aboriginal and Torres Strait Islander
 Not Aboriginal or Torres Strait Islander

5. What is your country of birth? _____

6. What language do you speak at home? _____

7. Do you have a disability? Yes No

8. What sexual and reproductive health issues are important to you and your family? Tick all that apply

- | | | |
|--|--|--|
| <input type="checkbox"/> Puberty | <input type="checkbox"/> Menstruation/periods | <input type="checkbox"/> Mammograms |
| <input type="checkbox"/> Contraception | <input type="checkbox"/> Emergency contraception | <input type="checkbox"/> Menopause |
| <input type="checkbox"/> Pregnancy testing | <input type="checkbox"/> Unintended pregnancy/termination | <input type="checkbox"/> Endometriosis |
| <input type="checkbox"/> Pregnancy care | <input type="checkbox"/> Sexually transmitted infections | <input type="checkbox"/> Polycystic ovary syndrome |
| <input type="checkbox"/> Pregnancy counselling | <input type="checkbox"/> Breast awareness and checks | <input type="checkbox"/> Ovarian cancer |
| <input type="checkbox"/> IVF | <input type="checkbox"/> Pap tests | <input type="checkbox"/> Cervical cancer |
| <input type="checkbox"/> Post natal depression | <input type="checkbox"/> Impact on mental/emotional health | <input type="checkbox"/> Breast cancer |
| <input type="checkbox"/> Other: _____ | | |

9. Where do you get your sexual and reproductive health information? Tick all that apply

- | | | | |
|---------------------------------------|--|--|--|
| <input type="checkbox"/> Doctor | <input type="checkbox"/> Maternal and Child Health Nurse | <input type="checkbox"/> School nurse | <input type="checkbox"/> Friends |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Hospital/Bush Nursing Centre | <input type="checkbox"/> Magazines | <input type="checkbox"/> Parent/guardian |
| <input type="checkbox"/> Online | <input type="checkbox"/> Health pamphlets | <input type="checkbox"/> Youth worker | <input type="checkbox"/> Other family |
| <input type="checkbox"/> Books | <input type="checkbox"/> Community health service | <input type="checkbox"/> Breast Care Nurse | <input type="checkbox"/> Telephone |
| <input type="checkbox"/> Other: _____ | | | |

PLEASE TURN OVER FOR PAGE 2 OF THIS SURVEY

10. Sexual and reproductive health services. Tick all that apply

Service type	What services do you access for sexual and reproductive health? Tick all that apply	Is this service available locally?		If yes, do you access this service locally?	
		YES	NO	YES	NO
Doctor					
Specialist					
Hospital/Bush Nursing Centre					
Community Health Centre					
Nurse					
Breast Care Nurse					
Maternal & Child Health Nurse					
Sexual health counselling					
Other: Please list					

11. What makes it hard for you to access sexual and reproductive health services? Tick all that apply

- Transport
- Cost of travel
- Distance to service
- Waiting time
- Privacy / confidentiality
- Cost of service
- Gender of provider
- Out of hours options
- Not comfortable with local provider
- Other _____

Please comment on any other aspects that have impacted on your access to services or any experiences you have had that you would like to share with us.

Women’s Health Grampians thanks you for taking the time to complete this survey.

For more information on this survey please contact Women’s Health Grampians on 1800 013 432.