**North Leitrim Women’s Centre**

**Well Woman Clinic Review 2018**

We are currently conducting a review of the NLWC Well Woman Clinic to ensure the Clinic continues to be responsive to and meet the needs of the women using the service. This information we gather through this survey will help us develop and tailor the services of the Well Woman Clinic to meet these needs and help us ensure the continued delivery of the service into the future

All responses are treated in the strictest confidence if you are unsure of an answer or do not wish to provide an answer to any question please feel free to move on the next question

**(Please tick your responses)**

1. **Are you aged between**

18 -25 25-45 45-65 65 or above

1. **Do you have a medical card?**

Yes

No

1. **Do you live in an**

Urban Area

Rural Area

1. **Are you a**

First Time Attender to the Well Woman clinic

Repeat Attender to the Well Woman clinic

1. **How did you find out about Well Woman Clinic?**

G.P. Referral

Word of Mouth

Hospital Referral

Newspaper Advertisement

Recommended by a friend

North Leitrim Women’s Centre

North Leitrim Women’s Centre Website/Facebook

1. **Why did you choose to come to the Well Woman Clinic?**

**(You may tick as many responses as you feel is relevant to you)**

Women Friendly Focused

Specialised

Follow up service

Choice

Appointment Only

Other- please detail

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1. **What services did you receive?**

**(Please tick as many responses as is relevant)**

Smear Test Menopause/H.R.T

Breast Exam Mental Health

Blood Pressure Pelvic Floor Supports/Ring Changes

Contraception Recurrent ‘troubled bladder’

Continence Advice Crisis Pregnancy

I.U.C.D STI Screening

Implanon Further Referral

Fertility Advice Other

1. **Is your local G.P Male or female?**

Male

Female

1. **If you have a Female G.P. why did you choose to attend this centre? (Optional)**
2. **Does your local G.P. Surgery have a Practice Nurse?**

Yes

No

1. **How would you rate the following**? **(1 being poor and 5 being excellent)**

**The level of the service you received**

1 2 3 4 5

**Booking – Ease of making an appointment**

1 2 3 4 5

**The Location/ Venue of the Clinic**

1. 2 3 4 5

**Timing of Clinics (Currently Wed 7am – 2.30pm)**

1 2 3 4 5

Please give reasons for your responses

1. **Would you recommend the Well Woman Clinic to a friend?**

Yes

No

Please give reasons for your response (optional)

1. **Are there any changes you would recommend to this service in regard to**

Location/ Venue

Frequency

Days

Service Provider

Other

Please detail any changes you would recommend

1. **In your opinion is the Well Woman Clinic a valuable and worthwhile service for women?**

Yes

No

Please give reasons for your response (optional)

1. **Any other comments you would like to make**

***Thank you for taking the time to complete this questionnaire your responses will help us improve and develop the service of the Well Woman Clinic and ensure its continued delivery in the future***