



## Service evaluation

If you have been in contact with **Fremantle headspace** staff and/or services, we would greatly appreciate your feedback and comments, so we can continue to improve our services for young people and their families. This survey can be completely anonymous, so there is no need to identify yourself on the page. **Thank you** for completing this Service Evaluation.

### Please send your completed survey to:

FAX: Secure fax to 08 9335 6933  
EMAIL: [info@fremantleheadspace.com.au](mailto:info@fremantleheadspace.com.au)  
POST: Attn: Evaluation team  
PO Box 4496  
Myaree Business Centre WA 6960

- 1. Overall, please rate your satisfaction with **Fremantle headspace** staff member/s with which you had the most contact:**  
(1 = totally satisfied, 2 = somewhat satisfied, 3 = somewhat dissatisfied, 4 = very dissatisfied)

1 2 3 4

Comments:

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- 2. On the scale below, please indicate how well your needs were met by **Fremantle headspace**:** (1 = entirely met, 2 = somewhat met, 3 = not really met, and 4 = not met at all)

1 2 3 4

Comments:

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- 3. Would you recommend the service to others and/or re-access the service in the future if needed?**

**Yes/No. Please comment:**

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4. On the scale below, please indicate how welcome and comfortable you felt in Fremantle headspace?  
(1 = very welcome and comfortable, 2 = somewhat welcome and comfortable, 3 = not really welcome and comfortable and 4 = not welcome and comfortable at all)

1

2

3

4

Comments:

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5. Did you experience a wait time for this service? If so, how long were you waiting?

- ☐ No wait time
- ☐ 2-7 days
- ☐ 1-2 weeks
- ☐ 3-5 weeks

Comments:

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6. How/where did you hear about Fremantle headspace?

- ☐ Friend or family member
- ☐ TV advertisement
- ☐ Newspaper, magazine
- ☐ School counsellor
- ☐ Community service provider
- ☐ Doctor
- ☐ Workplace
- ☐ Community event – please specify
- ☐ Other – please specify

**OPTIONAL question**

7. Which service/s did you access through Fremantle headspace? (please tick)

- ☐ Youth Worker
- ☐ Psychologist
- ☐ Psychiatrist
- ☐ Drug and Alcohol Worker
- ☐ GP
- ☐ Education and Training Support Worker
- ☐ Sexual Health Worker
- ☐ Family Support Worker
- ☐ Counsellor
- ☐ Social Worker
- ☐ Other – please specify



Thank you for taking the time to complete this survey. Your feedback is greatly appreciated and is extremely valuable for the quality improvement of **headspace Fremantle**.

**This survey is anonymous; however if you would like a personal response or if you have a specific compliment or complaint against a staff member, the following information is necessary:**

First Name:

Last Name:

Address

Phone:

Email:

Comments: