

# Report on ACT Survey of Women's Health

By Women's Health Matters

## Appendix 1: Survey instrument

Appendix to the report on the ACT Survey of Women's Health by Women's Health Matters (2023).<sup>1</sup> Reproduced here as circulated in Word and RTF formats on the Women's Health Matters website, representing survey as delivered online via *SurveyMonkey*.

### Survey of Women's Health in the ACT

November 2022

#### About this survey

##### *Who is this survey for?*

This survey is for people who are:

- women / femme-identifying or people who align themselves with this group, AND
- aged 18 years or over, AND
- living in the ACT or surrounding regions

Only people in that group are eligible to complete the survey and enter the prize draw.

##### *How long will it take?*

The survey takes around 15 minutes. It might be a bit shorter or longer for you depending on your answers.

##### *Is the survey online?*

Yes. If you would like to complete this survey online, please do. The survey link is:

<https://www.surveymonkey.com/r/SM5P5SG>

An FAQ about the survey is online here: <https://www.womenshealthmatters.org.au/faq-survey-of-womens-health-in-the-act/>

##### *Can I do the survey another way?*

Yes. If the online survey is not accessible for you or is difficult to use, please contact us by emailing [healthpromotion@womenshealthmatters.org.au](mailto:healthpromotion@womenshealthmatters.org.au) or phone (02) 6290 2166.

Or, if you like, you can download and complete the survey on this document by printing it out and writing on it, or by typing into the electronic document. If you do this, please make sure you follow all the instructions. You can email it back to us at [healthpromotion@womenshealthmatters.org.au](mailto:healthpromotion@womenshealthmatters.org.au)

---

<sup>1</sup> See <https://www.womenshealthmatters.org.au/resources/reports/>

### *Do I have to complete the survey?*

No, it is voluntary. You can stop at any time. When doing the survey online, you can withdraw at any time by closing the browser window, or choosing not to submit the survey. After you press "submit" at the end it will not be possible to withdraw your response.

### *Will I have to answer all the questions?*

If a question is marked with an asterisk (\*), you need to complete that question. For some questions you have an option to skip the question or select "Prefer not to answer". You can also choose to exit or stop the survey at any time.

### *Is there any payment or reward for doing the survey?*

There is no payment or reward, but everyone who is eligible for the survey and completes it can enter a prize draw to win one of two \$100 gift cards. The prizes will be drawn in January 2023. We will check people are eligible before awarding the prizes.

If you want to enter the prize draw you will need to tell us your email address and postcode. There is more information about this at the end of the survey. Your email address and postcode will be separated from the survey data, only used for the prize draw and then deleted after prizes are awarded.

### *How will my information be used?*

Women's Health Matters will make sure that personal information is kept safe in line with our privacy policy, which is online here: <https://www.womenshealthmatters.org.au/privacy-policy/>. Information will be used to create reports and submissions to help improve the health and wellbeing of women in the ACT. Survey answers will only be used anonymously.

### *Are there any sensitive topics in the survey?*

Yes. The survey covers topics including sexual and reproductive health, experiences of violence, pregnancy loss and infertility.

We suggest you do the survey in a private space and at a time when you will feel comfortable and safe.

Thinking about these topics might bring up difficult feelings for you.

Feel free to take a break if you need to, and consider using some of the support options listed online at <https://www.womenshealthmatters.org.au/support-options-survey-of-womens-health-in-the-act/> and at the end of this document.

### *Completing the survey*

Instructions for moving through the survey are given below the questions and answer options. Some answers will mean that you need to skip to a new question number. If there are no instructions, that means you should move on to the next question.

If you need help with completing the survey or have any questions about it, please email [healthpromotion@womenshealthmatters.org.au](mailto:healthpromotion@womenshealthmatters.org.au) or phone (02) 6290 2166.

## The survey questions

### Eligibility

**\* 1. Are you a woman/femme-identifying person or someone who aligns themselves with this group, who is aged 18 years or over and lives in the ACT or surrounding regions?**

- Yes
- No

If 'Yes' Continue to question 2

If 'No', you are not eligible to complete the survey.

### Health and healthcare

**\* 2. Overall, how would you rate your health during the past 4 weeks<sup>2</sup>**

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know
- Prefer not to answer

**\* 3. Have you consulted with the following services for your own health in the last twelve months?<sup>3</sup> (select all that apply)**

- A GP (general practitioner)
- A specialist (such as a cardiologist, a gynaecologist or a neurologist)
- The emergency department in a hospital
- A psychologist, counsellor or other mental health worker
- A dentist
- Another allied health professional (optometrist, physiotherapist, dietitian, chiropractor, osteopath, pharmacist, podiatrist, speech pathologist)
- An alternative health practitioner (naturopath, acupuncturist, herbalist)
- A midwife
- A community nurse, practice nurse or nurse practitioner (e.g. walk-in clinic)
- Health information on the internet
- Healthdirect phone service
- Apps to support your health (e.g. on your phone, watch or tablet)
- Telehealth (consultation with a health service by phone/computer)
- None of the above

---

<sup>2</sup> Adapted from the 36-Item Short Form Survey (SF-36)

<sup>3</sup> Adapted from the Australian Longitudinal Study on Women's Health (ALSWH)- [www.alswh.org.au](http://www.alswh.org.au)

**\* 4. Thinking about your own health care, how would you rate your access to a GP?<sup>4</sup>**

Access means being able to get healthcare when and where you need it. This question is about access to a GP in general. Later questions will ask about different aspects such as bulk billing and waiting times.

- Excellent
- Very good
- Good
- Fair
- Poor

If 'Excellent', 'Very good', or 'Good', skip to Question 6.

If 'Fair' or 'Poor' continue to Question 5.

**\* 5. You rated your access to a GP as fair or poor. What is the main factor which makes it difficult for you to access a GP?**

- Too expensive
- Difficulty getting an appointment
- Not enough time personally to see a GP
- Difficult to travel to see a GP
- Other (please explain – write your answer)

**\* 6. Thinking about consulting a GP for your own health care, how would you rate the following now:<sup>5</sup>**

*Access to a GP who bulk bills*

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know / not applicable

*Access to a female GP*

- Excellent
- Very good
- Good
- Fair
- Poor

---

<sup>4</sup> Adapted from the Australian Longitudinal Study on Women's Health

<sup>5</sup> Adapted from the Australian Longitudinal Study on Women's Health

- Don't know / not applicable

*Access to my preferred GP every time*

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know / not applicable

**\* 7. Here are some questions about your most recent consultation with a general practitioner. In terms of satisfaction, how would you rate the following<sup>6</sup>**

*The cost of the appointment*

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know / not applicable

*How accessible the facilities were for you*

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know / not applicable

*How long you waited to get an appointment*

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know / not applicable

---

<sup>6</sup> Adapted from the ALSWH and the GP Preventive Health Services Utilisation Questionnaire (GP-PHSUQ) - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2797786/>

*The length of time you waited in the waiting room*

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know / not applicable

*The amount of time you spent with the doctor*

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know / not applicable

*The doctor's explanation of your problem and treatment*

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know / not applicable

*Your opportunity to ask all the questions you wanted*

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know / not applicable

*How well the doctor listened to you explain your problem or concerns*

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know / not applicable

*How well the doctor treated you with dignity and respect*

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know / not applicable

*How well the doctor respected your culture, identity, beliefs and choices*

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know / not applicable

*The technical skills of the doctor (thoroughness, carefulness, competence)*

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know / not applicable

**\* 8. Thinking about your own health care, how would you rate the following now:<sup>7</sup>**

*Access to medical specialists if you need them*

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know / not applicable

*Access to medical care in an emergency*

- Excellent
- Very good
- Good

---

<sup>7</sup> Adapted from the Australian Longitudinal Study on Women's Health and the GP Preventive Health Services Utilisation Questionnaire (GP-PHSUQ)s

- Fair
- Poor
- Don't know / not applicable

*Access to medical care on short notice*

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know / not applicable

*Access to after-hours medical care*

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know / not applicable

*Access to mental health services (counselling, psychology) if you need it*

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know / not applicable

*Access to family planning or sexual health services*

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know / not applicable

*Access to telehealth (consultations with health service by phone/computer)*

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know / not applicable

9. [Optional] **Please tell us more about your access to different health services if you wish**

(write your answer)

**\* 10. Please rate the extent to which you agree with the following statements<sup>8</sup>**

*The care I have received from doctors in the last few years has been good*

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

*If you wait long enough, you can get over almost any disease without seeing a doctor*

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

*I avoid seeing a doctor whenever possible*

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

*I only go to a doctor if there is no other option*

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

**\* 11. Thinking about the last few years, please rate the extent to which you feel you have been taken seriously by doctors when explaining symptoms or health concerns?**

- Not at all seriously
- Somewhat seriously
- Mostly seriously
- Completely seriously

**12. [optional] Is there anything else you would like to tell us about your experiences of seeing a doctor?**

---

<sup>8</sup> Adapted from the GP Preventive Health Services Utilisation Questionnaire (GP-PHSUQ)s

(write your answer)

### *Health information*

\* 13. **Do you use the internet and/or social media to get information about your health?** (select all that apply)

- Internet
- Social media
- Neither

If 'Neither', skip to Question 17

If 'Internet' and/or 'Social media' go on to Question 14

\* 14. **Which of the following sources have you used to try to get health information?**<sup>9</sup> (select all that apply)

- Tik Tok
- Instagram
- Twitter
- Facebook
- Other social media or messaging apps
- Other health-related apps
- Healthdirect
- Government websites
- Websites with Health On the Net (HON) certification
- Other websites or online sources (please specify – write your answer)

\* 15. **Which of the following describes your reasons for using these online sources (above)?** (select all that apply)

- To decide whether or not to see a health practitioner about my symptoms / health condition
- To prepare myself to see a health practitioner about my symptoms / health condition
- To improve my understanding of symptoms / health condition after seeing a health practitioner or receiving a diagnosis
- To get information about my symptoms/ health conditions instead of seeing a health practitioner
- To better understand public health information or directions
- Other (please tell us more – write your answer)

---

<sup>9</sup> Adapted from ALSWH

\* 16. **Apart from online sources, where do you get information about your health?**<sup>10</sup> (select all that apply)

- Friends
- Family
- School/university/TAFE/work
- Journal articles/textbooks/books
- Nurse
- Doctor
- Family planning or sexual health clinic
- Community organisation
- Other health professionals
- TV/ radio/ podcasts/ magazines/
- Posters/ leaflets
- Other (please specify – write your answer)

All answers, skip to Question 18

\* 17. **Where do you get information about your health?**<sup>11</sup> (select all that apply)

- Friends
- Family
- School/university/TAFE/work
- Journal articles/textbooks/books
- Nurse
- Doctor
- Family planning or sexual health clinic
- Community organisation
- Other health professionals
- TV/ radio/ podcasts/ magazines
- Posters/ leaflets
- Other (please specify – write your answer)

---

<sup>10</sup> Adapted from ALSWH

<sup>11</sup> Adapted from ALSWH

## *Mental Health*

The following questions are about your mental health. If you would like support, please consider contacting one of these services:

- Lifeline – for crisis support - ph: 13 11 14 - More information and online chat at <https://www.lifeline.org.au/>
- Beyond Blue – for help with anxiety and depression – ph: 1300 22 4636 – More information and online chat at <https://www.beyondblue.org.au/>
- ACT Access Mental Health – 24/7 mental health service offering access to assessment, treatment, advice and information - Ph: 1800 629 354 or 6205 1065

\* 18. In the past 4 weeks, about how often did you feel nervous?<sup>12</sup>

- All the time
- Most of the time
- Some of the time
- A little of the time
- None of the time
- Don't know
- Prefer not to answer

\* 19. In the past 4 weeks, about how often did you feel hopeless?<sup>13</sup>

- All the time
- Most of the time
- Some of the time
- A little of the time
- None of the time
- Don't know
- Prefer not to answer

\* 20. In the past 4 weeks, about how often did you feel restless or fidgety?<sup>14</sup>

- All the time
- Most of the time
- Some of the time
- A little of the time
- None of the time
- Don't know
- Prefer not to answer

---

<sup>12</sup> Kessler Psychological Distress scale (K6), Kessler et al (2002)

<sup>13</sup> K6

<sup>14</sup> K6

\* 21. In the past 4 weeks, about how often did you feel that everything was an effort?<sup>15</sup>

- All the time
- Most of the time
- Some of the time
- A little of the time
- None of the time
- Don't know
- Prefer not to answer

\* 22. In the past 4 weeks, about how often did you feel so sad that nothing could cheer you up?<sup>16</sup>

- All the time
- Most of the time
- Some of the time
- A little of the time
- None of the time
- Don't know
- Prefer not to answer

\* 23. In the past 4 weeks, about how often did you feel worthless?<sup>17</sup>

- All the time
- Most of the time
- Some of the time
- A little of the time
- None of the time
- Don't know
- Prefer not to answer

\* 24. Have you ever been diagnosed with or treated for (select all that apply)<sup>18</sup>

- Depression
- Anxiety disorder
- Post-traumatic stress disorder (PTSD)
- Anorexia
- Bulimia
- Other eating disorder
- Bipolar disorder
- Borderline personality disorder
- Complex post-traumatic stress disorder (C-PTSD)

---

<sup>15</sup> K6

<sup>16</sup> K6

<sup>17</sup> K6

<sup>18</sup> Adapted from ALSWH

- Prefer not to answer
- Other mental illness or mental disorder (please describe – write your answer)
- None of the above

**\* 25. Have you been diagnosed with or treated for any of the following in the last two years?<sup>19</sup>**

(select all that apply)

- Depression
- Anxiety disorder
- Post-traumatic stress disorder (PTSD)
- Anorexia
- Bulimia
- Other eating disorder
- Bipolar disorder
- Borderline personality disorder
- Complex post-traumatic stress disorder (C-PTSD)
- Prefer not to answer
- Other mental illness or mental disorder (please describe – write your answer)
- None of the above

### *Discrimination*

**\* 26. In the past 12 months, do you feel that you have experienced discrimination or have been treated unfairly by others?**

- Yes
- No
- Don't know

If 'No' or 'Don't know', skip to Question 29

If 'Yes', go on to Question 27

**\* 27. Thinking about the last time you experienced discrimination or were treated unfairly, which of the following factors do you believe it was related to? (Select all that apply)**

- Being Aboriginal and/or Torres Strait Islander
- Disability
- Race
- Gender
- Language
- Age
- Sexuality
- Religion
- Appearance

---

<sup>19</sup> Adapted from ALSWH

- Other (please specify – write your answer)

28. [Optional] **Is there anything that you would like to tell us about your experience(s) of discrimination or unfair treatment?**

(write your answer)

### *Sexual and reproductive health*

\* 29. **In the last 6 months, have you engaged in any physical sexual activity with another person?**

- Yes
- No
- Prefer not to answer

If 'No' or 'Prefer not to answer', skip to Question 34

If 'Yes', go on to Question 30

\* 30. **Thinking about the last 6 months, what forms of contraception have you used, if any?** (Select all that apply)

Contraception means methods for preventing pregnancy. For this question, select all forms of contraception you've used in or with your own body.

- I didn't have penis in vagina sexual activity
- I used a combined oral contraceptive pill (The Pill)
- I used a progestogen only oral contraceptive pill (The Mini Pill)
- I used oral contraceptive pill but I don't know what type
- I used condoms (yourself or a partner)
- I used emergency contraception (e.g. morning after pill)
- I used an implant (e.g. Implanon, 'the Rod')
- I used the withdrawal method
- I used a copper intrauterine device (non-hormonal IUD)
- I used a progestogen intrauterine device (IUD) (e.g. Mirena, Kyleena)
- I used an injection (e.g. Depo-provera)
- I used a fertility awareness method (e.g. natural family planning, rhythm method, Billings method, body temperature method, periodic abstinence)
- I used a vaginal ring (e.g. Nuvaring)
- I used breastfeeding method
- I have had tubal ligation / I have had a vasectomy
- I used another method of contraception (please specify – write your answer)
- I didn't use contraception

If 'I didn't use contraception', skip to Question 33

For all other answers, go on to Question 31

**\* 31. How would you rate your satisfaction with your current form of contraception?**

- Extremely satisfied
- Very satisfied
- Quite satisfied
- Dissatisfied
- Very dissatisfied

If 'Extremely satisfied', 'Very satisfied' or 'Quite satisfied', skip to Question 34

If 'Dissatisfied' or 'Very dissatisfied', go on to Question 32

**\* 32. What is preventing you from changing your current form of contraception? (select all that apply)**

- Cost
- Not sure what options there are
- Don't have time
- My doctor has advised other options are not suitable for me
- Preferences or dynamics in my relationship
- Other (please explain – write your answer)

All answers, skip to Question 34

33. [Optional] **If you wish, please tell us more about why you do not use contraception** (e.g. no need due to menopause or hysterectomy, trying to get pregnant, or other reasons) (write your answer)

**\* 34. Have you ever been diagnosed with or treated for endometriosis?<sup>20</sup>**

If you select 'No' you will still get a chance to comment, for example about trying to get a diagnosis, or managing possible endometriosis.

- Yes
- No
- Prefer not to answer

If 'No' or 'Prefer not to answer', skip to Question 37

If 'Yes', go on to Question 35

**\* 35. In what year was your endometriosis first diagnosed or treated?**

(write the year)

---

<sup>20</sup> Adapted from ALSWH

\* 36. **How satisfied have you been with your endometriosis health care?**

- Extremely satisfied
- Very satisfied
- Quite satisfied
- Dissatisfied
- Very dissatisfied

37. [Optional] **Is there anything else you would like to tell us about your experience in relation to endometriosis?**

\* 38. **Have you ever been diagnosed with or treated for polycystic ovary syndrome (PCOS)?<sup>21</sup>**

If you select 'No' you will still get a chance to comment, for example about trying to get a diagnosis, or managing possible PCOS.

- Yes
- No
- Prefer not to answer

If 'No' or 'Prefer not to answer', skip to Question 41

If 'Yes', go on to Question 39

\* 39. **In what year was your polycystic ovary syndrome first diagnosed or treated?**

(write the year)

\* 40. **How satisfied have you been with your polycystic ovary syndrome health care?**

- Extremely satisfied
- Very satisfied
- Quite satisfied
- Dissatisfied
- Very dissatisfied

41. [Optional] **Is there anything else you would like to tell us about your experience in relation to polycystic ovary syndrome?**

(write your answer)

---

<sup>21</sup> Adapted from ALSWH

**\* 42. In the last 12 months, have you experienced persistent pelvic pain?**

Persistent pelvic pain is pain below your belly button and above your legs that is present on most days (or more than 2 days of your period, for people who have periods) for six months or more.

- Yes
- No
- Prefer not to answer

If 'No' or 'Prefer not to answer', skip to Question 48

If 'Yes', go on to Question 43

**\* 43. In what year did your persistent pelvic pain first start?**

(write the year)

**\* 44. Have you sought treatment from a health care professional for persistent pelvic pain?**

- Yes
- No

If 'No', skip to Question 46

If 'Yes', go on to Question 45

**\* 45. How satisfied have you been with your treatment for persistent pelvic pain?**

- Extremely satisfied
- Very satisfied
- Quite satisfied
- Dissatisfied
- Very dissatisfied

**\* 46. In the last 12 months, have you ever missed work or study commitments due to persistent pelvic pain?**

- Yes
- No
- Prefer not to answer

**47. [Optional] Is there anything else you would like to tell us about your experience in relation to persistent pelvic pain?**

(write your answer)

### *Parenting intentions*

The following questions are about situations you may have experienced relating to pregnancy and becoming a parent. These include questions about infertility, stillbirths, miscarriages, abortions/terminations and ectopic pregnancies (tubal pregnancies).

Many of these experiences are difficult, and you may prefer not to answer questions of this nature. If you don't wish to answer a particular question, please go on to the next question.

If these questions raise issues or difficult feelings for you, please consider contacting one of the support services listed at the end of this document.

**\* 48. Which of the following applies to you?**

- I have a biological child/children (including adult children)
- I have a person/people under 18 years old in my care/guardianship, who is/are not my biological child
- I have a biological child/children AND a person/people under 18 years old in my care/guardianship, who is/are not my biological child
- I don't have children
- Prefer not to answer

**\* 49. Which of the following best describes your current parenting intentions?**

This question is for everyone (including those who have children and those who do not).

- I am currently pregnant / having a baby
- I am trying to get pregnant / have a baby
- I am not currently trying to get pregnant / have a baby, but intend to in future
- I am not currently trying to get pregnant / have a baby, and am not sure about whether I will in future
- I am not currently trying to get pregnant / have a baby, and I don't plan to be pregnant / have a baby in the future
- Prefer not to answer

**\* 50. Which of the following factors influence your current parenting intentions? (select all that apply)**

- Personal choice – want/ don't want children
- Finances
- Concern about climate change
- Concern about the future (other than climate change)
- My current relationship/ status
- Happy with my current family size
- My age
- My fertility
- My access to fertility treatment

- Other (please explain)
- Prefer not to answer

**\* 51. If you have ever intended or tried to become pregnant/ have a baby, which of the following descriptions of fertility apply to you?**

Select all that apply. Please include all experiences even if you later became pregnant or had a baby

- I had/have difficulty conceiving for medical reasons (now or in the past)
- My partner had/has difficulty having children for medical reasons (now or in the past)
- Partner and I cannot/were not able to conceive together because we are same sex/gender diverse
- I cannot/could not conceive without assistance because I am/was single
- Prefer not to answer
- Other fertility challenges (please specify – write your answer)
- None of the above (no difficulty conceiving, or have not intended or tried to conceive)

### *Pregnancy and parenting*

**\* 52. To the best of your knowledge, how many times have you been pregnant?**

Please include if you are currently pregnant, as well as any previous abortions, miscarriages and stillbirths.

- Select a number from zero (0) to 10+, or
- Prefer not to answer

If zero (0) or 'Prefer not to answer', skip to Question 73

All other answers, continue to Question 53

53. This question is about stillbirth. If this question raises any difficult or distressing emotions for you, you may wish to call Sands (Miscarriage, Stillbirth and Newborn Death Support) on 1300 308 307 for 24/7 support; online info: <https://www.sands.org.au/>

**Have you ever had a stillbirth?<sup>22</sup>**

- Yes
- No
- Prefer not to answer

If 'No' or 'Prefer not to answer', skip to Question 57

If 'Yes', go on to Question 54

---

<sup>22</sup> Adapted from ALSWH

54. [Optional] **How many times have you had a stillbirth?**<sup>23</sup>

(write the number)

55. **In relation to your stillbirth(s), how satisfied were you with your access to support services?**

- Extremely satisfied
- Very satisfied
- Quite satisfied
- Dissatisfied
- Very Dissatisfied
- Prefer not to answer

56. If this question has raised any difficult or distressing emotions for you, you may wish to call Sands (Miscarriage, Stillbirth and Newborn Death Support) on 1300 308 307 for 24/7 support; online info at <https://www.sands.org.au/>

[Optional] **Is there anything else you would like to tell us about your experience?**

(write your answer)

\* 57. **To the best of your knowledge, how many times have you had a miscarriage?**<sup>24</sup>

- 0
- 1
- 2
- 3
- 4+
- Prefer not to answer

\* 58. **How many times have you had an ectopic pregnancy (tubal pregnancy)?**<sup>25</sup>

- 0
- 1
- 2
- 3
- 4+
- Prefer not to answer

---

<sup>23</sup> Adapted from ALSWH

<sup>24</sup> Adapted from ALSWH

<sup>25</sup> Adapted from ALSWH

59. If this question has raised any difficult or distressing emotions for you, you may wish to call Sands (Miscarriage, Stillbirth and Newborn Death Support) on 1300 308 307 for 24/7 support; online info at <https://www.sands.org.au/>

[Optional] **Is there anything else you would like to tell us about your experience?**  
(write your answer)

**\* 60. How many times have you ever had an abortion or termination of pregnancy?<sup>26</sup>**

- 0
- 1
- 2
- 3
- 4+
- Prefer not to answer

If '0' or 'Prefer not to answer', skip to Question 65  
All other answers, go on to Question 61

**\* 61. How many times have you had an abortion or termination in the ACT/region?**

- 0
- 1
- 2
- 3
- 4+
- Prefer not to answer

If '0' or 'Prefer not to answer', skip to Question 64  
All other answers, go on to Question 62

**\* 62. Have you had an abortion/termination in the ACT/region in the last 12 months?**

- Yes
- No
- Prefer not to answer

---

<sup>26</sup> Adapted from ALSWH

**\* 63. Thinking about your most recent (or only) experience of having an abortion or termination in the ACT/region, how satisfied were you with your ability to access the procedure?**

- Extremely satisfied
- Very satisfied
- Quite satisfied
- Dissatisfied
- Very dissatisfied

**64. [optional] What would make it easier to access an abortion or termination? (e.g. cost, promotion of services)**  
(write your answer)

**\* 65. How many times have you given birth to a living baby?**

- 0
- 1
- 2
- 3
- 4+
- Prefer not to answer

If '0' or 'Prefer not to answer', skip to Question 73  
All other answers, go on to Question 66

**\* 66. Thinking about the most recent time in the ACT when you gave birth to a living baby, which of the following types of care did you have?<sup>27</sup>**

- GP shared care
- Continuity of midwifery care
- Maternity care team
- Private obstetrician
- Private midwifery-led care
- Not sure
- My most recent birth was not in the ACT

**\* 67. Did you have a homebirth?<sup>28</sup>**

- Yes
- No

---

<sup>27</sup> Adapted from ALSWH

<sup>28</sup> Adapted from ALSWH

\* 68. **Did you have a caesarean section?**<sup>29</sup>

- Yes
- No

\* 69. **Have you experienced any of the following?**<sup>30</sup> (select all that apply)

- Caesarean section after labour started
- Labour lasting more than 36 hours
- Emotional distress during delivery
- None of the above

\* 70. **How satisfied were you with your maternity care?**

- Extremely satisfied
- Very satisfied
- Quite satisfied
- Dissatisfied
- Very dissatisfied

\* 71. **In relation to your most recent pregnancy, were you diagnosed with or treated for:**<sup>31</sup>  
(answer Yes or No for each)

- Antenatal depression
- Postnatal depression
- Antenatal anxiety
- Postnatal anxiety
- Postpartum psychosis
- Gestational diabetes
- Hypertension (high blood pressure) during pregnancy
- Pre-eclampsia during pregnancy

72. [Optional] **Is there anything else you would like to tell us about your experience(s) of pregnancy and giving birth?**  
(write your answer)

---

<sup>29</sup> Adapted from ALSWH

<sup>30</sup> Adapted from ALSWH

<sup>31</sup> Adapted from ALSWHme

## *Menopause*

### **\* 73. Have you reached menopause?**

For people with a uterus, menopause is when you stop menstruating, i.e. when you no longer have periods.

- Yes
- No
- Unsure
- Not applicable
- Prefer not to answer

If 'No', or 'Prefer not to answer', skip to section 'Safety, violence and coercion' (Question 77)

If 'Unsure' or 'Not applicable', skip to Question 76

If 'Yes', go on to Question 74

### **\* 74. At what age did your periods completely stop?**

- before 40 years of age
- between 40 and 45 years
- between 45 and 55 years
- over 55

### **\* 75. In relation to your experience of menopause, how satisfied were/are you with your access to support services?**

- Extremely satisfied
- Very satisfied
- Quite satisfied
- Dissatisfied
- Very dissatisfied

### **76. [Optional] Is there anything else you would like to tell us about experiencing (or not experiencing) menopause?**

(write your answer)

### *Safety, violence and coercion*

The following questions are about experiences of violence and coercion.

You might find the questions confronting or find that they prompt difficult feelings.

The questions ask about whether you have experienced:

- reproductive coercion
- feelings of safety / lack of safety in public spaces
- sexual violence
- workplace sexual harassment
- domestic violence
- family violence, and/or
- institutional violence

and give you the option to tell us more about your experiences.

If you feel distressed or need support about these issues, please get in touch with 1800RESPECT (ph: 1800 737 732; <https://www.1800respect.org.au/>), DVCS (ph: 02 6280 0900; <https://dvcs.org.au/>), or Canberra Rape Crisis Centre (ph: 02 6247 2525; <https://crcc.org.au/>) for counselling and support.

#### **\* 77. Would you like to proceed with the questions about experiences of violence and coercion?**

If you select No, you will skip to the next section. If you select Yes, you will still be able to choose 'Prefer not to answer' for individual questions.

- Yes
- No

If 'No', skip to 'Demographics' section, Question 106

If 'Yes', go on to Question 78

### *Reproductive coercion*

\* 78. The following questions are about situations where a partner or another person tried to control whether you became pregnant or had a baby.

If you are pregnant now and trying to make a decision about whether to continue a pregnancy, you can call SHFPACT for free all-options pregnancy counselling on 02 6247 3077.

The questions cover times in the past as well as more recent or current experiences. If you believe the questions don't apply to you (e.g. because you have never been in a situation where you could get pregnant) please select 'skip'.

- **Skip reproductive coercion questions**
- **Go ahead with questions** (you can still choose 'Prefer not to answer' for individual questions)

If 'Skip reproductive coercion questions', skip to Question 86

If 'Go ahead with questions', go ahead to Question 79

**\* 79. If you have a partner, do you feel OK talking to them about if or when you might want to get pregnant?<sup>32</sup>**

- Yes
- No
- Prefer not to answer
- I do not have a partner

**\* 80. Has your partner or anyone ever hurt you, or threatened you or made you feel bad because you didn't agree to get pregnant?<sup>33</sup>**

- Yes
- No
- Prefer not to answer

**\* 81. Has a sexual partner ever tried to interfere with your birth control?<sup>34</sup> (E.g. thrown away or hidden your contraceptive pills or damaged condoms)**

- Yes
- No
- Prefer not to answer

**\* 82. Have you ever felt you needed to hide contraception from a sexual partner so they wouldn't get you pregnant?<sup>35</sup>**

- Yes
- No
- Prefer not to answer

**\* 83. Has anyone ever made you feel afraid or threatened you to try to make you end a pregnancy against your will?<sup>36</sup>**

- Yes
- No
- Prefer not to answer

---

<sup>32</sup> Adapted from Children by Choice screening tool

<sup>33</sup> Adapted from Children by Choice screening tool

<sup>34</sup> Adapted from Children by Choice screening tool

<sup>35</sup> Adapted from Children by Choice screening tool

<sup>36</sup> Adapted from Children by Choice screening tool

**\* 84. Has anyone ever made you feel afraid or threatened you to try to make you continue a pregnancy against your will?<sup>37</sup>**

- Yes
- No
- Prefer not to answer

85. If you have answered yes to any of the last five questions, feel worried or distressed, or would like help with your situation, you may wish to contact 1800RESPECT (ph: 1800 737 732; <https://www.1800respect.org.au/>) or DVCS (ph: 02 6280 0900; <https://dvcs.org.au/>) for counselling and support.

[Optional] **Is there anything else you'd like to add about becoming pregnant / having a baby and experiences of violence or coercion?**

(write your answer)

**\* 86. In the last 12 months have you used public transport alone after dark in the ACT?<sup>38</sup>**

Public transport includes buses, light rail, taxis and ride share (such as Uber).

- Yes
- No
- Prefer not to answer

If 'No' or 'Prefer not to answer', skip to Question 89.

If 'Yes', go on to Question 87

**\* 87. In general, do you feel safe while waiting for public transport alone after dark in the ACT?<sup>39</sup>**

- Yes
- No
- Prefer not to answer

**\* 88. In general, do you feel safe while using public transport alone after dark in the ACT?<sup>40</sup>**

- Yes
- No
- Prefer not to answer

All answers, skip to Question 90

---

<sup>37</sup> Adapted from Children by Choice screening tool

<sup>38</sup> Adapted from the ABS Personal Safety Survey

<sup>39</sup> Adapted from the ABS Personal Safety Survey

<sup>40</sup> Adapted from the ABS Personal Safety Survey

\* 89. **What is your reason for not using public transport alone after dark?**<sup>41</sup> (select the answer that best applies)

- No need
- Did not feel safe
- Other (please specify)
- Prefer not to answer

\* 90. **In the last 12 months, have you walked alone in your local area after dark?**<sup>42</sup>

- Yes
- No
- Prefer not to answer

If 'No' or 'Prefer not to answer', skip to Question 92.

If 'Yes', go on to Question 91

\* 91. **In general, do you feel safe when walking alone in your local area after dark?**<sup>43</sup>

- Yes
- No
- Prefer not to answer

All answers, skip to Question 93

\* 92. **What is your reason for not walking alone in your local area after dark?**<sup>44</sup> (select the answer that best applies)

- No need
- Did not feel safe
- Other (please specify – write your answer)
- Prefer not to answer

93. [Optional] **Is there anything you would like to tell us about your feelings of safety (or lack of safety) in public spaces or on public transport in the ACT?**

(write your answer)

---

<sup>41</sup> Adapted from the ABS Personal Safety Survey

<sup>42</sup> Adapted from the ABS Personal Safety Survey

<sup>43</sup> Adapted from the ABS Personal Safety Survey

<sup>44</sup> Adapted from the ABS Personal Safety Survey

\* 94. This question is about sexual violence. Sexual violence is when someone forces, pressures or tricks another person into doing sexual things, or having sexual things done to them. Sexual violence can include sexual harassment, unwanted sexual touch, stalking, having images taken or distributed without consent, indecent assault and rape.

**Have you ever been forced to take part in unwanted sexual activity?<sup>45</sup>**

- Yes
- No
- Prefer not to answer

If 'No' or 'Prefer not to answer', skip to Question 96

If 'Yes', go on to Question 95

**\* 95. Have you been forced to take part in unwanted sexual activity in the last 12 months?<sup>46</sup>**

- Yes
- No, more than 12 months ago
- Prefer not to answer

\* 96. This question is about workplace sexual harassment. Sexual harassment is any unwelcome sexual behaviour that would reasonably be expected to cause the targeted person to be offended, humiliated or intimidated. Workplace sexual harassment is sexual harassment that occurs at work, at a work-related event or while looking for work, including any place where a worker goes, or is likely to be, while working, such as remote working at home or in online environments.

**Have you ever experienced sexual harassment at work, at a work-related event or while looking for work?<sup>47</sup>**

- Yes
- No
- Prefer not to answer

If 'No' or 'Prefer not to answer', skip to Question 99

If 'Yes', go on to Question 97

**\* 97. Have you experienced sexual harassment at work, at a work-related event or while looking for work in the last 12 months?<sup>48</sup>**

- Yes
- No, more than 12 months ago
- Prefer not to answer

---

<sup>45</sup> Adapted from ALSWH

<sup>46</sup> Adapted from ALSWH

<sup>47</sup> Adapted from AHRC

<sup>48</sup> Adapted from AHRC

If 'Yes' or 'Prefer not to answer', skip to Question 99

If 'No, more than 12 months ago', go on to Question 98

**\* 98. Have you experienced sexual harassment at work, at a work-related event or while looking for work in the last 5 years?<sup>49</sup>**

- Yes
- No, more than 5 years ago
- Prefer not to answer

\* 99. This question is about domestic violence. Domestic violence is when someone uses force or manipulation to maintain power and control over their partner or spouse. It can involve controlling behaviour, physical violence, sexual violence, stalking, using technology to control or threaten, financial abuse, intimidation, and emotional and verbal abuse such as insults.

For the purposes of this question, we are talking about situations where you have been subjected to this kind of behaviour.

**Have you ever been in a violent relationship with a partner/spouse?<sup>50</sup>**

- Yes
  - No
  - Prefer not to answer
- If 'No' or 'Prefer not to answer', skip to Question 101  
If 'Yes', go on to Question 100

**\* 100. Have you experienced domestic violence within the last 12 months?**

- Yes
- No, more than 12 months ago
- Prefer not to answer

\* 101. This question is about family violence. Family violence is when someone uses force or manipulation to maintain power and control over another person in their family (other than their partner or spouse). It can involve controlling behaviour, physical violence, sexual violence, stalking, using technology to control or threaten, financial abuse, intimidation, and emotional and verbal abuse such as insults. Family violence includes violence by an adult against a child or young person, by a young person against an adult, and by one adult against another (for example, between in-laws).

**Have you ever experienced violence from another family member (not a partner or spouse)?**

- Yes
- No

---

<sup>49</sup> Adapted from AHRC

<sup>50</sup> Adapted from ALSWH

- Prefer not to answer

If 'No' or 'Prefer not to answer', skip to Question 103

If 'Yes', go on to Question 102

**\* 102. Have you experienced family violence in the last 12 months?**

- Yes
- No, more than 12 months ago
- Prefer not to answer

103. This question is about institutional violence. Institutional violence is when a facility or organisation inflicts harm on a person, or controls them in harmful ways. This can happen in different settings such as hospitals, prisons, schools, group homes, or nursing homes.

Examples include being forcibly restrained, forced to take medicine, or denied the ability to make your own choices. It can also include sexual violence, physical violence or emotional abuse by workers, or by others in those settings.

We know that often it is not safe for people experiencing this kind of violence to communicate with others about it. If you would like to talk to someone at Women's Health Matters about this, please email [healthpromotion@womenshealthmatters.org.au](mailto:healthpromotion@womenshealthmatters.org.au) or phone (02) 6290 2166.

**Have you ever experienced institutional violence?**

- Yes
- No
- Prefer not to answer

104.

If answering these questions has raised difficult feelings or if you need support about these issues, please get in touch with 1800RESPECT (ph: 1800 737 732; <https://www.1800respect.org.au/>), DVCS (ph: 02 6280 0900; <https://dvcs.org.au/>), or Canberra Rape Crisis Centre (ph: 02 6247 2525; <https://crcc.org.au/>) for counselling and support.

[Optional] **Is there anything else you would like to tell us about experiences of sexual violence, workplace sexual harassment, domestic or family violence, or institutional violence?**

(write your answer)

### *Household finances*

\* 105. This question is about being short of money. If you would like some help with your financial situation, please consider contacting Care Financial Counselling- ph: 1800 007 007 or online at <https://www.carefcs.org>

**In the past 12 months, did any of these happen to you because you were short of money?<sup>51</sup>**

(Please answer 'Yes', 'No', 'Not sure' or 'Prefer not to answer' for each of the following)

- Had to delay or cancel non-essential purchases e.g. holiday, going to a restaurant or movie, buying clothes
- Could not pay electricity, gas or telephone bills on time
- Could not pay mortgage or rent payments on time
- Could not pay for car registration or insurance on time
- Could not make minimum payment on your credit card
- Pawned or sold something because you needed cash
- Went without meals
- Were unable to heat or cool your home
- Sought financial assistance from friends or family
- Sought assistance from welfare or community organisations

### *Demographics*

You are almost at the end of the survey! We just have a few more short questions about you.

We ask these questions so we can learn more about the health needs of different groups of people. Your answers will only be used anonymously.

\* 106. **Are you an Aboriginal and/or Torres Strait Islander person?**

- Aboriginal
- Torres Strait Islander
- Aboriginal and Torres Strait Islander
- Neither
- Prefer not to answer

\* 107. **How do you describe your sexual orientation?<sup>52</sup>**

- Straight (heterosexual)
- Gay or lesbian
- Bisexual

---

<sup>51</sup> Adapted from Household, Income and Labour Dynamics in Australia (HILDA) survey

<sup>52</sup> Adapted from ACON

- Don't know
- Prefer not to answer
- I use a different term (please specify – write your answer)

**\* 108. How do you describe your gender?<sup>53</sup>**

- Woman or female
- I use a different term (please specify – write your answer)
- Prefer not to answer

**\* 109. Were you born with a variation of sex characteristics (sometimes called 'intersex')?<sup>54</sup>**

- Yes
- No
- Prefer not to answer

**\* 110. At birth, you were recorded as:<sup>55</sup>**

- Female
- Male
- Prefer not to answer
- Another term (please specify – write your answer)

**\* 111. Are you a person with disability / disabilities?**

For this question, disability means any impairment, activity limitation or participation restriction that prevents a person's full and equal participation in society. This includes mental illness and/or mental disorders as well as physical or intellectual disabilities.

- Yes
- No
- Unsure (please describe – write your answer)

**\* 112. In which country were you born?<sup>56</sup>**

- Australia

---

<sup>53</sup> Adapted from ACON

<sup>54</sup> Adapted from ACON

<sup>55</sup> Adapted from ACON

<sup>56</sup> Adapted from National Health Survey

- England
- India
- China
- Nepal
- Philippines
- New Zealand
- Vietnam
- United States of America
- Sri Lanka
- Pakistan
- Malaysia
- South Africa
- Germany
- Other (please specify – write your answer)

If 'Australia', skip to Question 114

All other answers, go on to Question 113

**\* 113. How long have you been living in Australia?**

- Less than 5 years
- Between 5 and 10 years
- Between 10 and 20 years
- More than 20 years

**\* 114. Which language do you mainly speak at home?<sup>57</sup>**

- English
- Mandarin
- Nepali
- Vietnamese
- Punjabi
- An Aboriginal language
- A Torres Strait Island language
- Other (please specify – write your answer)

If 'An Aboriginal language' or 'A Torres Strait Island language', go on to Question 115

---

<sup>57</sup> Adapted from National Health Survey

All other answers, skip to Question 116

**\* 115. What Aboriginal or Torres Strait Island language do you mainly speak at home?**

(write your answer)

**\* 116. What is your preferred language?<sup>58</sup>**

- English
- Mandarin
- Nepali
- Vietnamese
- Punjabi
- An Aboriginal language
- A Torres Strait Island language
- Other (please specify – write your answer)

If 'An Aboriginal language' or 'A Torres Strait Island language', go on to Question 117

All other answers, skip to Question 118

**\* 117. What Aboriginal or Torres Strait Islander language do you prefer to speak?**

(write your answer)

**\* 118. Do you identify as being from one or more of these backgrounds? (select all that apply)**

- Migrant background
- Refugee/asylum seeker background
- Temporary visa holder
- Prefer not to answer
- None of the above

**\* 119. What is your age?**

- 18-24
- 25-34
- 35-44

---

<sup>58</sup> Adapted from National Health Survey

- 45-54
- 55-64
- 65-74
- 75-84
- 85 years or older
- Prefer not to answer

**\* 120. Which area of the ACT and region do you live in?**

- Belconnen
- Gungahlin
- Molonglo Valley
- North Canberra
- South Canberra
- Tuggeranong
- Weston Creek
- Woden Valley
- Rural or regional area outside of the above areas

**\* 121. Have you ever spent time in a jail, prison, juvenile detention centre, or other correctional facility?**

Note: We are asking this question so we can better understand the health risks and needs of women in the ACT who are in this group. Your answers will only be used anonymously.

- Yes
- No
- Unsure (please specify – write your answer)
- Prefer not to answer

**\* 122. What is the highest level of schooling or qualification you have obtained?<sup>59</sup> (If you hold multiple qualifications, only answer for the highest qualification)**

- Doctorate
- Masters Degree
- Graduate Diploma
- Graduate Certificate
- Bachelor Degree with Honours
- Bachelor Degree
- Associate Degree
- Advanced Diploma
- Diploma
- Associate Diploma

---

<sup>59</sup> Adapted from ABS Census

- Advanced Certificate
- Certificate IV (or Post-trade)
- Certificate III (or Trade)
- Certificate II
- Certificate I
- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent
- Year 8 or below
- Did not go to school or obtain any qualification
- Prefer not to answer

**\* 123. What is your current housing arrangement?<sup>60</sup>**

- Owned outright
- Owned with a mortgage
- Rented – through a real estate agent
- Rented – through ACT Housing
- Rented – through community housing provider
- Rented – other landlord type
- Another housing arrangement (please specify – write your answer)

**\* 124. Do you receive a government pension or allowance?<sup>61</sup>**

Examples: Jobseeker, Carers Allowance, Disability Support Pension, study allowances for students, other pensions and allowances received by people who are aged, disabled, unemployed or sick, carers, families and children, veterans or their families

- Yes
- No
- Unsure

**\* 125. Are you currently employed? (Mark one only)<sup>62</sup>**

---

<sup>60</sup> Adapted from ABS Census

<sup>61</sup> Adapted from ABS Census

<sup>62</sup> Adapted from ALSWH

- Yes
- No, unemployed for less than 6 months
- No, unemployed for 6 months or more

\* 126. **Would you like to work more (for pay) than you currently are?**<sup>63</sup>

- No
- Yes - What is making it difficult to work more? (write your answer)

\* 127. **In a usual week, how many hours do you spend doing paid work?**<sup>64</sup>

(write the number of hours)

\* 128. **In a usual week, how many hours do you spend studying?**<sup>65</sup>

(write the number of hours)

\* 129. This question is about being a carer. Carers provide unpaid assistance with the tasks of daily living to another person who:

- has a disability
- has a mental disorder or mental illness
- has an ongoing medical condition (terminal or chronic illness)
- is aged and frail, and/or
- is a child or young person for whom the carer is a kinship carer or a foster carer

A kinship carer is a relative or a person from a child's community who provides care for the child when they cannot live with their parents.

Being a carer does not include being a parent except where your child has one of the other conditions or disabilities listed above.

**Are you a carer?**<sup>66</sup>

- Yes
- No

*Option to go into prize draw*

That is the end of the survey!

---

<sup>63</sup> Adapted from ALSWH

<sup>64</sup> Adapted from ALSWH

<sup>65</sup> Adapted from ALSWH

<sup>66</sup> Definition from ACT *Carers Recognition Act 2021*

We appreciate your time and effort in completing it. If the survey has raised issues or difficult feelings for you, please consider contacting one of the support services listed at the end of this document.

Would you like to go into a prize draw to win one of two \$100 gift cards?

**If you would like a chance to win, you will need to share your contact details with us so we can get in touch if you win.**

If you complete the survey online, there are spaces to write your details in a form. If you are completing the survey a different way (e.g. by typing into an electronic document), please email [healthpromotion@womenshealthmatters.org.au](mailto:healthpromotion@womenshealthmatters.org.au) or phone us on (02) 6290 2166.

Contact information will be deleted after prizes are awarded.

Prizes will be awarded in January 2023. We will check people are eligible before awarding the prizes.

If you have questions about the prize draw, please email [healthpromotion@womenshealthmatters.org.au](mailto:healthpromotion@womenshealthmatters.org.au) or phone us on (02) 6290 2166.

Thank you for completing our survey!

If you would like support with any issues that the survey has raised for you, please consider contacting one or more of the services listed below.

If you would like to talk to someone at Women's Health Matters about the survey, please email [healthpromotion@womenshealthmatters.org.au](mailto:healthpromotion@womenshealthmatters.org.au) or phone (02) 6290 2166

## Support options for survey participants

**Lifeline** – for crisis support 24 hours a day, 7 days a week - ph: 13 11 14 - More information and online chat at <https://www.lifeline.org.au/>

**Beyond Blue** – for help with anxiety and depression 24 hours a day, 7 days a week – ph: 1300 22 4636 - More information and online chat at <https://www.beyondblue.org.au/>

**Sands** - Miscarriage, Stillbirth and Newborn Death Support – 24/7 helpline ph: 1300 308 307 – More information and online chat <https://www.sands.org.au>

**QLife** – LGBTI peer support and referral for LGBTI people and issues relating to sexuality and gender - ph: 1800 184 527 - More information and online chat at <https://qlife.org.au/>

**Domestic Violence Crisis Service** – local service for people impacted by domestic and family violence: 24/7 Crisis Line: ph 02 6280 0900 - More information and online chat at <https://dvcs.org.au/>

**Canberra Rape Crisis Centre** – assistance, counselling and advocacy for issues relating to sexual violence: CRCC Crisis Line 7am-11pm 7 days per week – ph: 02 6247 2525 – More information here: <https://www.crcc.org.au>

**1800RESPECT** – national service for issues relating to domestic and family violence, sexual assault and other forms of gender-based violence - ph: 1800 737 732 - More information and online chat at <https://www.1800respect.org.au/>

**ACT Women’s Health Service** – ph: 02 5124 1787 – more information here: <https://www.health.act.gov.au/services-and-programs/women-youth-and-children/womens-health/womens-health-service>

**Sexual Health and Family Planning ACT** – All Options Pregnancy Counselling - if you are pregnant now and trying to make a decision about whether to continue a pregnancy, you can call SHFPACT for free all options counselling on 02 6247 3077 – more information online at <https://www.shfpact.org.au/index.php/counselling>

**Perinatal Wellbeing Centre** – for mental health issues related to becoming a parent – Non-crisis phone support, support groups and support for partners as well as information and referral – ph 02 6288 1936; more information online at <https://www.perinatalwellbeingcentre.org.au/>

**Care Financial Counselling** – Canberra-based service helping with financial distress and debt – Phone support (Mon to Fri 9am to 5pm) - ph: 1800 007 007; more information online at <https://www.carefcs.org>

**National Debt Hotline** – financial counselling by phone: 1800 007 007 (Mon-Fri 9:30am to 4:30pm) or Live Chat (Mon-Fri 9am to 8pm) via website <https://ndh.org.au/>