



Information and Referral Services: *Your Say*

NSW Government funds Community Builders which is a key strategy to strengthen communities across NSW. You are being asked to complete this survey because the service you have visited is funded by Community Builders. Community Builders wants to find out about your experience with this service and how it helped you.

The survey will not record your name so all your answers will be confidential. Just place your completed survey in the envelope or survey box provided. If you need help with this survey, please feel free to ask a staff member. Thank you on behalf of Community Builders.

Yes No Doesn't
apply to me

By using this service:

- | | | | | |
|---|---|--------------------------|--------------------------|--------------------------|
| 1 | The service provided me with one or more useful resources (e.g. information, brochures, use of facilities etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | I know more about other services or community facilities (e.g. parks, library, community hall etc.) in my local community | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | I know how to access other services if I need them | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | I am more willing to use other services if I need them | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | I would recommend this service to a friend | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please only answer this question if you have been to this service before:

- | | | | |
|---|--|--------------------------|--------------------------|
| 6 | I have used other services or community facilities (e.g. parks, library, community hall, etc.) that I found out about through this service | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--|--------------------------|--------------------------|

Learning a little about you will also help us to improve our services. Please tick the box that best describes you and your situation:

7 Are you male or female?

- Male
 Female

8 How old are you?

- 16-24
 25-44
 45-64
 65 or over

9 Do you identify as Aboriginal or Torres Strait Islander?

- No, neither
 Yes, Aboriginal
 Yes, Torres Strait Islander

10 Do you speak a language other than English at home?

- No
 Yes -- what language do you speak? _____

11 Are you able to pay for the essentials?

(E.g. pay bills on time, buy groceries and petrol etc.)

- Yes
 No

12 Are you able to afford special treats when you want them?

(E.g. go out to dinner, go to the movies, go on a holiday etc.)

- Usually
 Rarely
 Never

13 Do you usually have social contact with other people at least twice a week?

- Yes
 No

14 What is your postcode? _____

Thank you for completing this survey.