#### YPX Insights | Psychiatry Inpatient

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ns to improve our care.		
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## YPX Insights | Psychiatry Inpatient

Demographic Questions [Optional]	Suggested Item Choices
Did you receive assistance completing this survey?	Yes No
Age	12 – 17 18 – 24 25 – 34 35 – 44 45 – 54 55 – 64 65 – 74 75 and over
Gender	Female Male Transgender Male Transgender Female Non-binary Other Prefer Not to Say
Sexual Orientation	Heterosexual/Straight Homosexual/Gay Homosexual/Lesbian Bisexual Other Prefer Not to Say
Race/Ethnicity	Asian/Pacific Islander Black or African American Hispanic or Latino Native American or American Indian Biracial/Multiracial White Other Prefer Not to Say
Religious/Faith Tradition	Buddhist Christian Hindu Islam Judaism Mormon None/No Religious or Faith Tradition Other Prefer Not to Say
Disability Status	None Deaf or Hearing Problems Blind or Vision Problems Learning Difficulty Difficulty Walking Difficulty Thinking/Remembering Other Prefer Not to Say

English ~
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#### **Demographics**

## **Patient Experience Survey**

A few questions about you before we begin...

# 

## **Gender** (optional)

- Female
- O Male
- O Non-binary
- O Prefer not to say
- Transgender
- Other

	Sexual Orientation (optional)
0	Heterosexual or straight
	Gay
0	Lesbian
0	Bisexual
0	Prefer not to say
0	Other
	Race / Ethnicity (optional)
0	Asian / Pacific Islander
0	Black or African American
0	Hispanic or Latino
0	Native American or American Indian
0	Multiple
0	White
0	Other
	Religious / Faith Tradition (optional)
O	None
0	Buddhist
0	Christian
0	Hindu
0	Islam
0	Judaism
0	Mormon
0	Other

## **Disability** (optional)

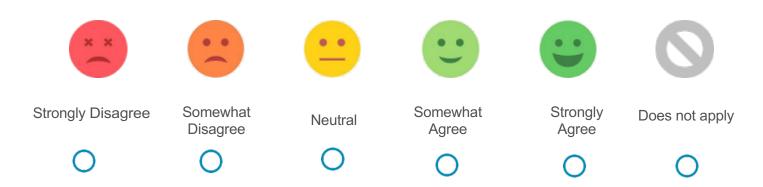
- O None
- O Deaf/hearing problems
- O Blind/vision problems
- O Learning difficulty
- O Difficulty walking/with daily activities
- O Difficulty thinking/remembering

#### Introduction

Respond to each statement based on your experience during your current hospitalization. If a question does not apply to you, please select "Does not apply."

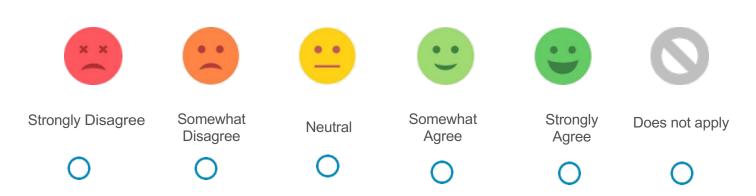
## Please answer openly and honestly.

#### These are your answer options

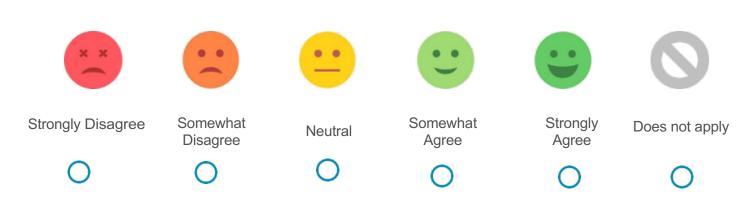


#### **Questions**

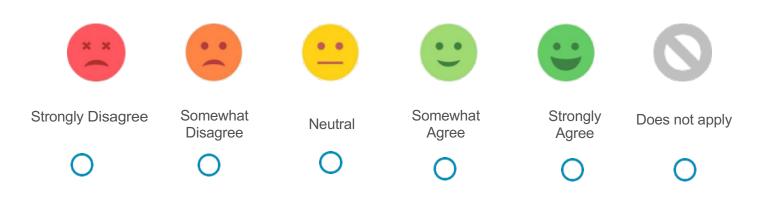
#### My Doctor/Provider treated me with care and respect.



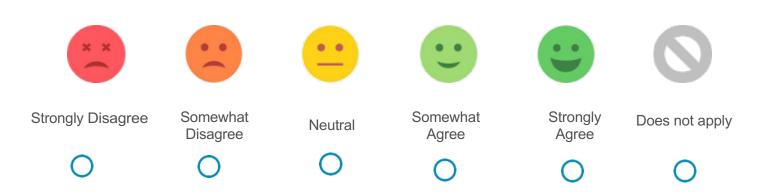
## My Doctor/Provider valued my opinion even if we didn't always agree.



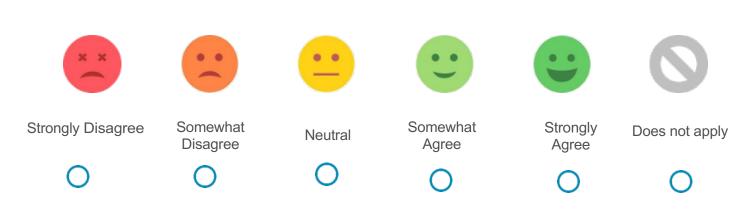
#### My Doctor/Provider helped me understand my treatment options.



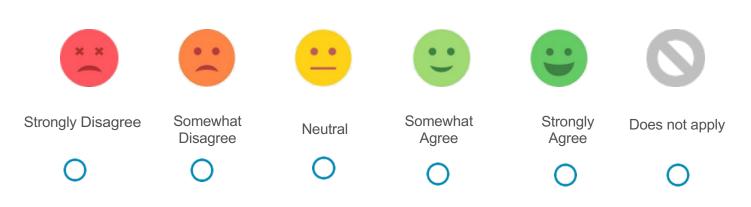
## I had input into decisions about my treatment.



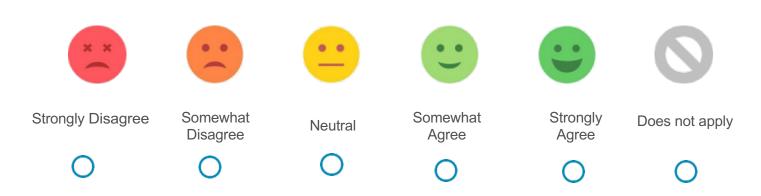
# My Social Worker helped me include family or other supports in my treatment if I wished.



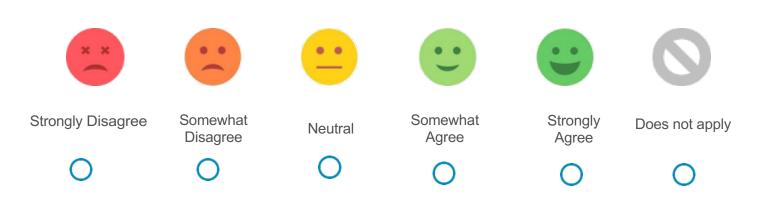
## I felt physically safe on the unit.



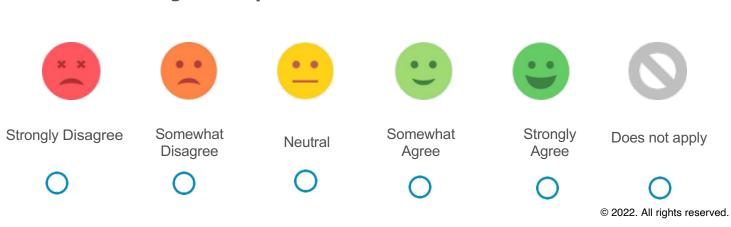
#### I had access to quiet space if I needed it.



#### Staff paid attention to what was happening on the unit.



#### Nurses were caring and respectful.



#### Nurses were attentive to my needs.













Strongly Disagree





Somewhat Agree

Agree

Strongly

Does not apply

# Counselors/Techs were caring and respectful.





Somewhat

Disagree









Strongly Disagree







Somewhat Agree



Strongly Agree



Does not apply



## Counselors/Techs were attentive to my needs.













Strongly Disagree









Strongly Agree



Does not apply

 $\mathsf{C}$ 







## The symptoms/problems that brought me to the hospital have improved.







Strongly Disagree



Somewhat Disagree





Neutral





Somewhat Agree





Strongly Agree





Does not apply



#### Group therapy was helpful.



Strongly Disagree





Somewhat Disagree





Neutral





Somewhat Agree





Strongly Agree





Does not apply



#### I have skills to help manage symptoms/problems I face in daily life.



Strongly Disagree





Somewhat Disagree





Neutral





Somewhat Agree





Strongly Agree





Does not apply



#### My medications will help me.



Strongly Disagree





Somewhat Disagree





Neutral





Somewhat Agree





Strongly Agree





Does not apply



## I will have the resources I need to be successful after I leave the hospital.









Somewhat Disagree





Neutral





Somewhat Agree





Strongly Agree





Does not apply



#### I was satisfied with the services available on the weekends.



Strongly Disagree





Somewhat Disagree





Neutral





Somewhat Agree





Strongly Agree





Does not apply



#### I was supported in keeping busy and finding social/recreational activities.



Strongly Disagree





Somewhat Disagree





Neutral





Somewhat Agree





Strongly Agree





Does not apply



#### Staff worked together to care for me.



Strongly Disagree







Somewhat Disagree





Neutral





Somewhat Agree











#### The unit was clean.









Somewhat Disagree





Neutral





Somewhat Agree





Strongly Agree





Does not apply



#### Healthy food options were available.



Strongly Disagree





Somewhat Disagree





Neutral





Somewhat Agree





Strongly Agree





Does not apply



#### I had enough access to fresh air and/or natural light.



Strongly Disagree





Somewhat Disagree





Neutral





Somewhat Agree





Strongly Agree





Does not apply



Commen	to									
								• 4		
How likely is it that you would recommend this hospital to a friend, family member or colleague?										
Not at all		20	30	40	50	6 <b>O</b>	70	80		nely likely
•••	How		_		ease lo				is som	nething

What did we do well? Please let us know what we're doing well



What did we do well? Please let us know what we're doing well and any staff who you'd like to recognize...