



NRI/MHSIP INPATIENT CONSUMER SURVEY

Unit ID: _____ Survey No: _____ Date: _____

In order to provide the best possible health services, we need to know what you think about the services you are receiving during this hospital stay, the people who are providing it, and the results. Please indicate your level of disagreement or agreement with each of the statements below. Your answers are confidential and will not influence the services you are receiving. CHECK THE NUMBER in the box that best describes your answer. There is space at the end of the survey to comment on any of your answers.

As a direct result of the services I am receiving during my hospital stay:	Strongly Disagree	Disagree	I am Neutral	Agree	Strongly Agree	Does Not Apply
1. I am better able to deal with crisis.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA
2. My symptoms are not bothering me as much.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA
3. The medications I am taking are helping me control symptoms that used to bother me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA
4. I am doing better in social situations.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA
5. I am dealing more effectively with daily problems.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA
6. I am being treated with dignity and respect.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA
7. Staff here believe that I can grow, change and recover.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA
8. I feel comfortable asking questions about my treatment and medications.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA
9. I am encouraged to use self-help/support groups.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA
10. I am receiving information about how to manage my medication side effects.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA
11. My other medical conditions are being treated.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA
12. I feel this hospital stay is necessary.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA
13. I feel free to complain without fear of retaliation.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA
14. I feel safe to refuse medication or treatment during my hospital stay.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA
15. My complaints and grievances are being addressed.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA
16. I participate in planning my discharge.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA
17. My doctor and/or my therapist, from the community, and myself are actively involved in my hospital Treatment Plan.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA



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As a direct result of the services I am receiving during my hospital stay:	Strongly Disagree	Disagree	I am Neutral	Agree	Strongly Agree	Does Not Apply
18. I have opportunities to talk with my doctor or therapist from the community prior to my discharge.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA
19. The surroundings and atmosphere at the hospital are helping me get better.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA
20. I feel I have enough privacy in the hospital.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA
21. I feel safe while I am in the hospital.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA
22. The hospital environment is clean and comfortable.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA
23. Staff are sensitive to my cultural background.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA
24. My family and/or friends are able to visit me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA
25. I have a choice of treatment options.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA
26. My contact with my doctor is helpful.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA
27. My contact with nurses and therapists is helpful.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA
28. If I had a choice of hospitals, I would still choose this one.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> NA

Please answer the following questions to let us know a little about yourself.

29. Age

13-17

18-24

25-34

35-54

55-64

65 and older

32. Length of Stay

1 week or less

1 month or less

3 months or less

More than 3 months

34. Marital Status

Never Married

Married

Separated

Divorced

Widowed



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30. Gender

- Male
 Female

31. Am I completing this survey at discharge?

- Yes
 No

33. Race/Ethnicity (check one)

- Native American
 Asian/Pacific Islander
 African-American
 Hispanic/Latino
 White/Caucasian
 Other

35. Legal Status

- Voluntary Patient
 Voluntary by parent, guardian, etc.
 Involuntary: Civil
 Involuntary: Criminal
 Involuntary: Juvenile Justice
 Other

36. Do you have any ideas for improving safety at the hospital?

- Yes (f yes, please enter your recommendations below)
 No

Comments:

**Please return the completed survey to the Facility.
Thank you for your response.**

INPATIENT CONSUMER SURVEY/7.21.05/KE