## YPX Insights | Psychiatry Inpatient

**Directions:** Please answer each statement based on your current hospitalization experience. If a question does not apply to you, please select "*Does not apply*." We encourage you to answer truthfully and candidly.

Treatment Team Relationship	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
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.						

Environment	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
The unit was clean.						
I felt physically safe on the unit.						
I had access to quiet space if I needed it.						
Healthy food options were available.						
I had enough access to fresh air and/or natural light.						
I was satisfied with the services available on the weekends.						
I was supported in keeping busy and finding social/recreational activities.						

Treatment Effectiveness	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
The symptoms/problems that brought me to the hospital have improved.						
Group therapy was helpful.						
I have skills to help manage symptoms/problems I face in daily life.						
My medications will help me.						
I will have the resources I need to be successful after I leave the hospital.						

Nursing Team Presence	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Does Not Apply
Nurses were caring and respectful.						
Counselors/Technicians were caring and respectful.						
Nurses were attentive to my needs.						
Counselors/Technicians were attentive to my needs.						
Staff paid attention to what was happening on the unit.						
Staff worked together to care for me.						

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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
Disability Status	None Deaf or Hearing Problems Blind or Vision Problems Learning Difficulty Difficulty Walking Difficulty Thinking/Remembering Other Prefer Not to Say

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