



INPATIENT CONSUMER SURVEY[®]

Measuring Mental Health Consumer's Perception of Care

Official Use Only
Unit ID:
Survey ID:
Date: (mm/yy)

The Inpatient Consumer Survey has been endorsed by the National Quality Forum as an effective tool for quality improvement. Please complete this survey and help us provide the best possible mental health services. Indicate how much you agree or disagree with each statement. Make a 'V' in the square that best describes your answer.

Distribution Type	Anonymity	Return Method	Assisted in Completion
<input type="checkbox"/> Staff	<input type="checkbox"/> Yes	<input type="checkbox"/> Collected at the facility	<input type="checkbox"/> Yes
<input type="checkbox"/> Consumer	<input type="checkbox"/> No	<input type="checkbox"/> Mail-in	<input type="checkbox"/> No

	Strongly Disagree	Disagree	I am Neutral	Agree	Strongly Agree	Does Not Apply
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As a direct result of the services I received...

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"/> 9
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"/> 9
3. The medications I am taking help 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"/> 9
4. I do 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"/> 9
5. I deal 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"/> 9

During my hospital stay...

6. I was 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"/> 9
7. Staff here believed that I could 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"/> 9
8. I felt 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"/> 9
9. I was 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"/> 9
10. I was given 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"/> 9
11. My other medical conditions were treated.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
12. I felt this hospital stay was necessary.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
13. I felt 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"/> 9
14. I felt 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"/> 9
15. My complaints and grievances were addressed.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
16. I participated 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"/> 9
17. Both I and my doctor or therapist from the community were 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"/> 9
18. I had an opportunity to talk with my doctor or therapist from the community prior to discharge.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9



	Strongly Disagree	Disagree	I am Neutral	Agree	Strongly Agree	Does Not Apply
19. The surroundings and atmosphere at the hospital helped 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"/> 9
20. I felt I had 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"/> 9
21. I felt safe while I was 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"/> 9
22. The hospital environment was 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"/> 9
23. Staff were 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"/> 9
24. My family and/or friends were 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"/> 9
25. I had 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"/> 9
26. My contact with my Doctor was helpful.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
27. My contact with nurses and therapists was helpful.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
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"/> 9

Tell us about you...						
29. Age	30. Gender	31. I am completing this survey at discharge	32. Length of stay of this episode	33. Race/Ethnicity	34. Marital Status	35. Legal Status
<input type="checkbox"/> 13 – 17 <input type="checkbox"/> 18 – 24 <input type="checkbox"/> 25 – 34 <input type="checkbox"/> 35 - 54 <input type="checkbox"/> 55 – 64 <input type="checkbox"/> 65 and older	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown or other	<input type="checkbox"/> 1 week or less <input type="checkbox"/> 1 month or less <input type="checkbox"/> 3 months or less <input type="checkbox"/> More than 3 months <input type="checkbox"/> Unknown	<input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other <input type="checkbox"/> Unknown	<input type="checkbox"/> Never married <input type="checkbox"/> Now married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown	<input type="checkbox"/> Voluntary-patient <input type="checkbox"/> Voluntary by parent, guardian, etc. <input type="checkbox"/> Involuntary-Civil <input type="checkbox"/> Involuntary-Criminal <input type="checkbox"/> Involuntary-Juvenile Justice <input type="checkbox"/> Other specify:

Comments: