

## Patient Inpatient Experience (PIX)

**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.

<b>Treatment Team Relationship</b>	<b>Strongly Agree</b>	<b>Somewhat Agree</b>	<b>Neutral</b>	<b>Somewhat Disagree</b>	<b>Strongly Disagree</b>	<b>Does Not Apply</b>
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.						

<b>Environment</b>	<b>Strongly Agree</b>	<b>Somewhat Agree</b>	<b>Neutral</b>	<b>Somewhat Disagree</b>	<b>Strongly Disagree</b>	<b>Does Not Apply</b>
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.						

<b>Treatment Effectiveness</b>	<b>Strongly Agree</b>	<b>Somewhat Agree</b>	<b>Neutral</b>	<b>Somewhat Disagree</b>	<b>Strongly Disagree</b>	<b>Does Not Apply</b>
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.						

<b>Nursing Team Presence</b>	<b>Strongly Agree</b>	<b>Somewhat Agree</b>	<b>Neutral</b>	<b>Somewhat Disagree</b>	<b>Strongly Disagree</b>	<b>Does Not Apply</b>
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	13 – 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