



PHF Satisfaction Patient Survey

1. Who decided your discharge today?

a. Doctor

b. Judge/Hearing Officer

Items 2-11 are rated on a five-point scale:

Strongly Disagree (1) Disagree (2) Neutral (3) Agree (4) Strongly Agree (5)

2. I liked the services I received here.

3. The doctor listened carefully to me.

4. Staff here believe I can grow, change, and recover

5. The staff and I created my treatment goals together.

6. Staff encouraged me to take responsibility for how I live my life.

7. The time I spent in group activities helped me.

8. As a direct result of the services I received, I am now better able to take care of myself and do things I need to do.

9. My symptoms are not bothering me as much as before.

10. I understand the plan for my care after I am discharged.

11. Staff helped me obtain information so I could take charge of managing my illness.

12. What did you like about your PHF stay?

13. What didn't you like about your PHF stay? What can we do better?

Demographics

14. Age Range

a. 18-24

b. 25-59

c. 60+

15. Gender

a. Male

b. Female

c. Other Transgender

16. Ethnicity (select one)

a. Hispanic/Latino

b. Not Hispanic/Latino

17. Race

a. American Indian/Alaskan Native

b. Asian

c. Black/African American

d. Native Hawaiian/Pacific Islander

e. White

f. More than one race

g. Decline to state

h. Other (please specify)