READINESS FOR HOSPITAL DISCHARGE STUDY -- ADULT FORM ©

Please fill in the circle next to your answer. The answers are on a 10-point scale from 0 to 10. The words below the number indicate what the 0 or the 10 means. Pick the number between 0 and 10 that best describes how you feel. For example, circling number 7 means you feel more like the description of number 10 than number 0 but not completely.

1. How physically ready are you to go home?	1 No	2 t read	3 Iv	4	5	6	7	8	9 Tota	10 ally ready
	110	t Iout	5						100	iny ready
2. How would you describe your pain or discomfort today?	1 No	2 noin	3	4	5	6	7	8	9 501	10
		No pain/ discomfort						Severe pain/ discomfort		
3. How would you describe your strength today?	1	2	3	4	5	6	7	8	9	10
	We	Weak Stron								Strong
4. How would you describe your energy today?	1	2	3	4	5	6	7	8	9	10
	Low energy							Hig	High energy	
5. How emotionally ready are you to go home today?	1	2	3	4	5	6	7	8	9	10
	Not ready						Tota	ally ready		
6. How would you describe your physical ability to care for yourself today (for example,	1	2	3	4	5	6	7	8	9	10
hygiene, walking, toileting)?	Not able Tota						ally able			
7. How much do you know about caring for yourself after you go home?	1	2	3	4	5	6	7	8	9	10
	Know nothing at all Know Know Know Know Know Know Know Know							Kn	ow all	
8. How much do you know about taking care of your personal needs (for example, hygiene,	1	2	3	4	5	6	7	8	9	10
bathing, toileting, eating) after you go home?	Know nothing at all							Know all		
9. How much do you know about taking care of your medical needs (treatments,	1	2	3	4	5	6	7	8	9	10
medications) after you go home?	Kn	Inow nothing at all Kr			ow all					
10. How much do you know about problems to watch for after you go home?	1	2	3	4	5	6	7	8	9	10
	Kn	Know nothing at all							Kn	ow all

11. How much do you know about who and when to call if you have problems after you go home?	1 2 3 4 5 6 7 8 9 10 Know nothing at all Know all Know all
12. How much do you know about restrictions (what you are allowed and not allowed to do) after you go home?	1 2 3 4 5 6 7 8 9 10 Know nothing at all Know all Know all
13. How much do you know about what happens next in your follow-up medical treatment plan after you go home?	1 2 3 4 5 6 7 8 9 10 Know nothing at all Know all
14. How much do you know about services and information available to you in your community after you go home?	1 2 3 4 5 6 7 8 9 10 Know nothing at all Know all Know all
15. How well will you be able to handle the demands of life at home?	1 2 3 4 5 6 7 8 9 10 Not at all Extremely well
16. How well will you be able to perform your personal care (for example, hygiene, bathing, toileting, eating) at home?	1 2 3 4 5 6 7 8 9 10 Not at all Extremely well
17. How well will you be able to perform your medical treatments (for example, caring for a surgical incision, respiratory treatments, exercise, rehabilitation, or taking your medications in the correct amounts and at the correct times) at home?	1 2 3 4 5 6 7 8 9 10 Not at all Extremely well
18. How much emotional support will you have after you go home?	1 2 3 4 5 6 7 8 9 10 None A great deal
19. How much help will you have if needed with your personal care after you go home?	1 2 3 4 5 6 7 8 9 10 None A great deal
20. How much help will you have if needed with household activities (for example, cooking, cleaning, shopping, babysitting) after you go home?	1 2 3 4 5 6 7 8 9 10 None A great deal
21. How much help will you have if needed with your medical care needs (treatments, medications) after you go home?	1 2 3 4 5 6 7 8 9 10 None A great deal

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