## READINESS FOR HOSPITAL DISCHARGE SCALE - POSTPARTUM FORM ©

Please check or circle your answer. Most of the responses 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 <b>ready</b> are you to go home?	0 1 2 3 4 5 6 7 8 9 1 Not ready Totally read
2. How would you describe your <b>pain or discomfort</b> today?	0 1 2 3 4 5 6 7 8 9 1  No pain/ discomfort  Severe pair discomfort
3. How would you describe your <b>strength</b> today?	0 1 2 3 4 5 6 7 8 9 1 Weak Strong
4. How would you describe your <b>energy</b> today?	0 1 2 3 4 5 6 7 8 9 1 Low energy High energy
5. How much <b>stress</b> do you feel today?	0 1 2 3 4 5 6 7 8 9 1 None A great deal
6. How <b>emotionally</b> ready are you to go home today?	0 1 2 3 4 5 6 7 8 9 1 Not ready Totally read
7. How would you describe your <b>physical ability</b> to care for <u>yourself</u> in the first few days after you go home?	0 1 2 3 4 5 6 7 8 9 1 Not able Totally able
8. How would you describe your <b>physical ability</b> to care for <u>your baby</u> in the first few days after you go home?	0 1 2 3 4 5 6 7 8 9 1 Not able Totally able
9. How much do you <b>know about caring for <u>yourself</u></b> after you go home?	0 1 2 3 4 5 6 7 8 9 1 Know nothing at all Know all
10. How much do you <b>know about caring for <u>baby</u></b> after you go home?	0 1 2 3 4 5 6 7 8 9 1 Know nothing at all Know all
11. How much do you <b>know about problems to watch for</b> after you go home?	0 1 2 3 4 5 6 7 8 9 1 Know nothing at all Know all

12. How much do you <b>know about who and when to call</b> if you have problems after you go home?	0 1 2 3 4 5 6 7 8 9 10 Know nothing at all Know all
13. How much do you <b>know about restrictions</b> (what you are allowed and not allowed to do) after you go home?	0 1 2 3 4 5 6 7 8 9 10 Know nothing at all Know all
14. How much do you <b>know about follow-up medical care</b> you and your baby need after you go home?	0 1 2 3 4 5 6 7 8 9 10 Know nothing at all Know all
15. How much do you <b>know about services and information</b> available to you in your community after you go home?	0 1 2 3 4 5 6 7 8 9 10 Know nothing at all Know all
16. How well will you be able to <b>handle the demands</b> of life at home?	0 1 2 3 4 5 6 7 8 9 10 Not at all Extremely well
17. How well will you be able to <b>perform your personal care</b> (for example, care of your stitches, incision, breast care, hygiene, bathing, toileting, eating)?	0 1 2 3 4 5 6 7 8 9 10 Not at all Extremely well
18. How well will you be able to <b>perform baby care</b> ?	0 1 2 3 4 5 6 7 8 9 10 Not at all Extremely well
19. How much <b>emotional support</b> will you have after you go home?	0 1 2 3 4 5 6 7 8 9 10 None A great deal
20. How much <b>help</b> will you have with your <b>personal care</b> after you go home?	0 1 2 3 4 5 6 7 8 9 10 None A great deal
21. How much <b>help</b> will you have with <b>household activities</b> (for example, cooking, cleaning, shopping, babysitting) after you go home?	0 1 2 3 4 5 6 7 8 9 10 None A great deal
22. How much <b>help</b> will you have with <b>baby care</b> after you go home?	0 1 2 3 4 5 6 7 8 9 10 None A great deal

© Dr. Marianne Weiss, DNSc, RN marianne.weiss@marquette.edu