READINESS FOR HOSPITAL DISCHARGE SCALE – RN POSTPARTUM FORM $\ensuremath{\mathbb{O}}$

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 ready is your patient to go home?	0 1 2 3 4 5 6 7 8 9 10 Not ready Totally ready
2. How would you describe your patient's pain or discomfort today?	0 1 2 3 4 5 6 7 8 9 10 No pain/ discomfort Severe pain/ discomfort Severe pain/ discomfort
3. How would you describe your patient's strength today?	0 1 2 3 4 5 6 7 8 9 10 Weak Strong
4. How would you describe your patient's energy today?	0 1 2 3 4 5 6 7 8 9 10 Low energy High energy
5. How much stress is your patient feeling today?	0 1 2 3 4 5 6 7 8 9 10 None A great deal
6. How emotionally ready is your patient to go home today?	0 1 2 3 4 5 6 7 8 9 10 Not ready Totally ready
7. How would you describe your patient's physical ability to care for <u>herself</u> in the first few days after going home?	0 1 2 3 4 5 6 7 8 9 10 Not able Totally able
8. How would you describe your patient's physical ability to care for her <u>baby</u> in the first few days after going home?	0 1 2 3 4 5 6 7 8 9 10 Not able Totally able
9. How much does your patient know about caring for <u>herself</u> after going home?	0 1 2 3 4 5 6 7 8 9 10 Knows nothing at all Knows all
10. How much does your patient know about caring for her <u>baby</u> after going home?	0 1 2 3 4 5 6 7 8 9 10 Knows nothing at all Knows all
11. How much does your patient know about problems to watch for after going home?	0 1 2 3 4 5 6 7 8 9 10 Knows nothing at all Knows all

12. How much does your patient know about who and when to call if she has problems after going home?	0 1 2 3 4 5 6 7 8 9 10 Knows nothing at all Knows all
13. How much does your patient know about restrictions (what she is allowed and not allowed to do) after going home?	0 1 2 3 4 5 6 7 8 9 10 Knows nothing at all Knows all
14. How much does your patient know about follow-up medical care she and her baby need after going home?	0 1 2 3 4 5 6 7 8 9 10 Knows nothing at all Knows all
15. How much does your patient you know about services and information available to her in her community after going home?	0 1 2 3 4 5 6 7 8 9 10 Knows nothing at all Knows all
16. How well will your patient be able to handle the demands of life at home?	0 1 2 3 4 5 6 7 8 9 10 Not at all Extremely well
17. How well will your patient be able to perform her personal care (for example, care of her 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 your patient be able to perform baby care ?	0 1 2 3 4 5 6 7 8 9 10 Not at all Extremely well
19. How much emotional support will your patient have after going home?	0 1 2 3 4 5 6 7 8 9 10 None A great deal
20. How much help will your patient have with her personal care if needed after going home?	0 1 2 3 4 5 6 7 8 9 10 None A great deal
21. How much help will your patient have with household activities (for example, cooking, cleaning, shopping, babysitting) after going home?	0 1 2 3 4 5 6 7 8 9 10 None A great deal
22. How much help will your patient have with baby care after going home?	0 1 2 3 4 5 6 7 8 9 10 None A great deal

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