

Readiness for Hospital Discharge Scale

Please check or circle your answer. Most of the responses are on a scale from 0 to 10. The words below the number indicate what the 0 or the 10 means. Pick the number that best describes how you feel. For example, circling number 7 indicates that you feel closer to the description of number 10 than number 0, but not completely.

As you think about your discharge from the hospital, do you believe that you are ready to go home as planned?	[] No										[] Yes											
1. How physically ready are you to go home?	0 Not ready	1	2	3	4	5	6	7	8	9	10 Completely ready	0 Not ready	1	2	3	4	5	6	7	8	9	10 Completely ready
2. How would you describe your pain or discomfort today?	0 No pain/ discomfort	1	2	3	4	5	6	7	8	9	10 Severe pain/ discomfort	0 No pain/ discomfort	1	2	3	4	5	6	7	8	9	10 Severe pain/ discomfort
3. How would you describe your strength today?	0 Weak	1	2	3	4	5	6	7	8	9	10 Strong	0 Weak	1	2	3	4	5	6	7	8	9	10 Strong
4. How would you describe your energy today?	0 Low energy	1	2	3	4	5	6	7	8	9	10 High energy	0 Low energy	1	2	3	4	5	6	7	8	9	10 High energy
5. How emotionally ready are you to go home?	0 Not ready	1	2	3	4	5	6	7	8	9	10 Completely ready	0 Not ready	1	2	3	4	5	6	7	8	9	10 Completely ready
6. How would you describe your physical ability to care for yourself today?	0 Not able	1	2	3	4	5	6	7	8	9	10 Completely able	0 Not able	1	2	3	4	5	6	7	8	9	10 Completely able
7. How much stress do you feel today?	0 None	1	2	3	4	5	6	7	8	9	10 A great deal	0 None	1	2	3	4	5	6	7	8	9	10 A great deal
8. How much do you know about caring for yourself after you go home?	0 Nothing	1	2	3	4	5	6	7	8	9	10 Everything	0 Nothing	1	2	3	4	5	6	7	8	9	10 Everything
9. How much do you know about taking care of your medical needs?	0 Nothing	1	2	3	4	5	6	7	8	9	10 Everything	0 Nothing	1	2	3	4	5	6	7	8	9	10 Everything
10. How much do you know about problems to watch out for after you go home?	0 Nothing	1	2	3	4	5	6	7	8	9	10 Everything	0 Nothing	1	2	3	4	5	6	7	8	9	10 Everything

11. How much do you know about who and when to call if you have problems after you go home?	0 Nothing	1	2	3	4	5	6	7	8	9	10 Everything
12. How much do you know about restrictions (what you are allowed to do and not allowed to do)after you go home?	0 Nothing	1	2	3	4	5	6	7	8	9	10 Everything
13. How much do you know about what happens next in your follow-up medical treatment plan after you go home?	0 Nothing	1	2	3	4	5	6	7	8	9	10 Everything
14. How much do you know about services and information available to you in your community after you go home?	0 Nothing	1	2	3	4	5	6	7	8	9	10 Everything
15. How well will you be able to handle the demands of life at home?	0 Not at all	1	2	3	4	5	6	7	8	9	10 Extremely well
16. How well will you be able to perform your personal care?	0 Not at all	1	2	3	4	5	6	7	8	9	10 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, taking your medication at the correct amounts and times) at home?	0 Not at all	1	2	3	4	5	6	7	8	9	10 Extremely Well
18. How much emotional support will you have after you go home?	0 None	1	2	3	4	5	6	7	8	9	10 A great deal
19. How much help will you have with your personal care after you go home?	0 None	1	2	3	4	5	6	7	8	9	10 A great deal
20. How much help will you have with household activities (for example, cooking, cleaning, shopping, babysitting) after you go home?	0 None	1	2	3	4	5	6	7	8	9	10 A great Deal
21. How much help will you have with your medical needs after you go home?	0 None	1	2	3	4	5	6	7	8	9	10 A great deal