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 2 3 4 5 6 7 Not ready	8 9 10 Totally ready
2. How would you describe your pain or discomfort today?	1 2 3 4 5 6 7 No pain/ discomfort	8 9 10 Severe pain/ discomfort
3. How would you describe your strength today?	1 2 3 4 5 6 7 Weak	8 9 10 Strong
4. How would you describe your energy today?	1 2 3 4 5 6 7 Low energy	8 9 10 High energy
5. How emotionally ready are you to go home today?	1 2 3 4 5 6 7 Not ready	8 9 10 Totally ready
6. How would you describe your physical ability to care for yourself today (for example, hygiene, walking, toileting)?	1 2 3 4 5 6 7 Not able	8 9 10 T

11. How much do you know about who and when to call if you have problems after you go home?				4 g at al		6	7	8		10 ow all
12. How much do you know about restrictions (what you are allowed and not allowed to do) after you go home?	1 Kno	2 ow no	3 othing	4 g at al		6	7	8	9 Kn	10 ow all
12. Here we had a see here about the had been seen at its consection of the seen at its larger than the seen at it	1	•	2		_	_	_	0	•	4.0

13. How much do you **know about what happens next** in your follow-up medical treatment 1 2 3 4 5 6 7 8 9 10 plan after you go home?