READINESS FOR HOSPITAL DISCHARGE SCALE ADULT - NURSE FORM ©

You are being asked to assess the readiness for discharge of your hospitalized patient. Please complete the form within the 4 hours before the patient leaves your unit.

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 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 pain or discomfort today?	0 1 2 3 4 5 6 7 8 9 10 No pain/ discomfort Severe pain/ discomfort
3. How would you describe your strength today?	0 1 2 3 4 5 6 7 8 9 10 Weak Strong
4. How would you describe your energy today?	0 1 2 3 4 5 6 7 8 9 10 Low energy High energy
5. 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
6. How would you describe your physical ability to care for him/herself today (for example, hygiene, walking, toileting)?	0 1 2 3 4 5 6 7 8 9 10 Not able Totally able
7. How much does your patient know about caring for him/herself after going home?	0 1 2 3 4 5 6 7 8 9 10 Know nothing at all Know all
8. How much does your patient know about taking care of his/her personal needs (for example, hygiene, bathing, toileting, eating) after going home?	0 1 2 3 4 5 6 7 8 9 10 Know nothing at all Know all
9. How much does your patient know about taking care of his/her medical needs (treatments, medications) after going home?	0 1 2 3 4 5 6 7 8 9 10 Know nothing at all Know all
10. 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 Know nothing at all Know all

11. How much does your patient know about who and when to call if he/she have	0 1 2 3 4 5 6 7 8 9 10
problems after going home?	Know nothing at all Know all
12. How much does your patient know about restrictions (what he/she is allowed and not	
allowed to do) after going home?	Know nothing at all Know all
13. How much does your patient know about what happens next in his/her follow-up	0 1 2 3 4 5 6 7 8 9 10
medical treatment plan after going home?	Know nothing at all Know all
14. How much does your patient know about services and information available to	0 1 2 3 4 5 6 7 8 9 10
him/her in his/her community after going home?	Know nothing at all Know all
15. 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
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16. How well will your patient be able to perform his/her personal care (for example,	0 1 2 3 4 5 6 7 8 9 10
hygiene, bathing, toileting, eating) at home?	Not at all Extremely well
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17. How well will your patient be able to perform his/her medical treatments (for	0 1 2 3 4 5 6 7 8 9 10
example, caring for a surgical incision, respiratory treatments, exercise, rehabilitation, or	Not at all Extremely well
taking medications in the correct amounts and at the correct times) at home?	Two at all Extremely well
taking inedications in the correct amounts and at the correct times) at nome?	
10. How much amotional gumnant will your nations have after going haves?	0 1 2 3 4 5 6 7 8 9 10
18. How much emotional support will your patient have after going home?	
	None A great deal
10 11 11 11 11 11 11 11 11 11 11 11 11 1	
19. How much help will your patient have if needed with his/her personal care after	0 1 2 3 4 5 6 7 8 9 10
going home?	None A great deal

20. How much **help** will your patient have if needed with **household activid activite if need**