

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

