READINESS FOR HOSPITAL DISCHARGE SCALE – ADULT – RN ASSESSMENT SHORT FORM \odot

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 w41 (-)Tjwhe 2wn4 (a

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 energy today?	0 1 2 3	4	5	6	7		9 10
	Low energy High energy						
3. 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		
4. How much does your patient know about restrictions (what he/she is allowed and not	0 1 2 3	4	5	6	7	8	9 10
allowed to do) after going home?	Know nothing at	all				Kı	now all

5. How well will your patient be able to **handle the demands**