QUALITY OF DISCHARGE TEACHING SCALE - ADULT FORM ©

Please check or circle your answer. Most of the responses are **prointl** 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 unitable 7 means you feel more like the description of number 10 than number 0 but not completely.

| 1a. Howmuch informationdid you needrom yournurses aboutaking care of yourself | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|----------|---------|------------|-----------|-----------|---|---|---|----------|------------|------------|
| after you go home | Nor | ne | | | | | | | Αg | great | deal |
| 1b. How much information did youeceive from your nurses about taking care of your fitter you go home? | 0 Nor | 1 ne | 2 | 3 | 4 | 5 | 6 | 7 | 8 A g | 9 great | 10 deal |
| 2a. How much informatio <u>did you nee</u> drom yournurses aboutour emotionsafter you go home? | 0 Nor | | 2 r you | 3 go h | 4 ome? | 5 | 6 | 7 | 8 | 9 | 10 |

2b. How much information did youeceive from your nurses aboutour emotions after you go home?

| | 0 None | 1 2 | 2 3 | 4 | 5 | 6 | 7 | 8 A g | 9 great o | 10 deal |
|---|-----------|-----|-----|---|---|---|---|----------|--------------|------------|
| 3b. How much information didou receiverom your nurses aboutour medical needs or treatments after you go home? | 0 None | 1 2 | 2 3 | 4 | 5 | 6 | 7 | 8 A g | 9 great o | 10 deal |
| 4a. How muchpractice <u>did youneed</u> with your medical treatmentsor medications before going home? | 0 None | 1 2 | 2 3 | 4 | 5 | 6 | 7 | 8 A g | 9 great o | 10 deal |
| 4b. How much practicedid youreceivewith your medical treatmentsor medications before goinghome? | 0 None | 1 2 | 2 3 | 4 | 5 | 6 | 7 | 8 A g | 9 great o | 10 deal |
| 5a. How much informatiodid you needrom your nurses aboutho and when to callif you haveproblems after you go home? | 0 None | 1 2 | 2 3 | 4 | 5 | 6 | 7 | 8 A g | 9 great o | 10 deal |
| 5b. How much information did you receifrem yournurses about who and when to call you have problems after you go home? | 0 None | 1 2 | 2 3 | 4 | 5 | 6 | 7 | 8 A ç | 9 great o | 10 deal |

| 6a. How much information <u>did your family member(s) or othersed aborgous</u> you go home from the hospital? | | - | 2 scn /T | • | 4 | 5 | 6 | 7 | _ | _ | 10 deal |
|---|-------------|----------|-------------|---|---|---|---|---|---|---|------------|
| 6b. How much information did your family member(s) or others rece you go homerom the hospital? | | 1 one | 2 | 3 | 4 | 5 | 6 | 7 | | | 10 deal |