

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 patient's 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 patient's strength today?	0 1 2 3 4 5 6 7 8 9 10 Weak Strong
4. How would you describe your patient's 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 patient's physical ability to care of 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 problems after going home?	0	1	2	3	4	5	6	7	8	9	10
	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?	0	1	2	3	4	5	6	7	8	9	10
	Know nothing at all							Know all			
13. How much does your patient know about what happens next in his/her follow-up medical treatment plan after going home?	0	1	2	3	4	5	6	7	8	9	10
	Know nothing at all							Know all			
14. How much does your patient know about services and information available to him/her in his/her community after going home?	0	1	2	3	4	5	6	7	8	9	10
	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			
16. How well will your patient be able to perform his/her personal care (for example, hygiene, bathing, toileting, eating) at home?	0	1	2	3	4	5	6	7	8	9	10
	Not at all							Extremely well			
17. How well will your patient be able to perform his/her medical treatments (for example, caring for a surgical incision, respiratory treatments, exercise, rehabilitation, or taking medications in the correct amounts and at the correct times) at home?	0	1	2	3	4	5	6	7	8	9	10
	Not at all							Extremely well			
18. How much emotional support will your patient have after going home?	0	1	2	3	4	5	6	7	8	9	10
	None							A great deal			
19. How much help will your patient have if needed with his/her personal care after going home?	0	1	2	3	4	5	6	7	8	9	10
	None							A great deal			
20. How much help will your patient have if needed with household activities (for example, cooking, cleaning, shopping, babysitting) after going home?	0	1	2	3	4	5	6	7	8	9	10
	None							A great deal			
21. How much help will your patient have if needed with his/her medical care needs (treatments, medications)?	0	1	2	3	4	5	6	7	8	9	10
	None							A great deal			