

READINESS FOR HOSPITAL DISCHARGE SCALE – FAMILY CAREGIVER OF ADULT PATIENT FORM ©

Please check or circle your answer. Most of the responses 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.

1a. How physically ready is <u>your family member</u> to go home?	0 1 2 3 4 5 6 7 8 9 10 Not ready Totally ready
1b. How physically ready are you to take your family member home today?	0 1 2 3 4 5 6 7 8 9 10 Not ready Totally ready
2a. How would you describe <u>your family member's</u> level of pain or discomfort today?	0 1 2 3 4 5 6 7 8 9 10 No pain/ discomfort Severe pain/ discomfort
2b. How would you describe <u>your</u> level of pain or discomfort today?	0 1 2 3 4 5 6 7 8 9 10 No pain/ discomfort Severe pain/ discomfort
3a. How would you describe <u>your family member's</u> strength today?	0 1 2 3 4 5 6 7 8 9 10 Weak Strong
3b. How would you describe <u>your</u> strength today?	0 1 2 3 4 5 6 7 8 9 10 Weak Strong
4a. How would you describe <u>your family member's</u> energy today?	0 1 2 3 4 5 6 7 8 9 10 Low energy High energy
4b. How would you describe <u>your</u> energy today?	0 1 2 3 4 5 6 7 8 9 10 Low energy High energy
5a. How much stress is <u>your family member</u> feeling today?	0 1 2 3 4 5 6 7 8 9 10 None A great deal
5b. How much stress do <u>you</u> feel today?	0 1 2 3 4 5 6 7 8 9 10 None A great deal

6a. How emotionally ready is <u>your family member</u> to go home today?	0	1	2	3	4	5	6	7	8	9	10	
	Not ready								Totally ready			
6b. How emotionally ready are <u>you</u> to take your family member home today?	0	1	2	3	4	5	6	7	8	9	10	
	Not ready								Totally ready			
7a. How would you describe <u>your family member's physical ability</u> 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			
7b. How would you describe is <u>your physical ability</u> to care for your family member today (for example, helping with his/her hygiene, walking, toileting)?	0	1	2	3	4	5	6	7	8	9	10	
	Not able								Totally able			
8. How much do you know about caring for <u>your family member</u> after he/she goes home?	0	1	2	3	4	5	6	7	8	9	10	
	Know nothing at all								Know all			
9. How much do you know about taking care of <u>your family member's personal needs</u> (for example, hygiene, bathing, toileting, feeding, play) after he/she goes home?	0	1	2	3	4	5	6	7	8	9	10	
	Know nothing at all								Know all			
10. How much do you know about taking care of <u>your family member's medical needs</u> (treatments, medications) after he/she goes home?	0	1	2	3	4	5	6	7	8	9	10	
	Know nothing at all								Know all			
11. How much do you 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			
12. How much do you know about who and when to call if <u>your family member</u> has problems after going home?	0	1	2	3	4	5	6	7	8	9	10	
	Know nothing at all								Know all			
13. How much do you know about restrictions (what your family member 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			
14. How much do you know about what happens next in <u>your family member's</u> 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			
15. How much do you know about services and information available to you and your family member in your community after going home?	0	1	2	3	4	5	6	7	8	9	10	
	Know nothing at all								Know all			
16. How well will you 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			

17. How well will you be able to perform your family member's 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
18. How well will you be able to perform your family member's medical treatments (for example, caring for a wound, breathing treatments, using equipment, or giving 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
19. How much emotional support will <u>you</u> have after <u>your family member</u> goes home?	0 1 2 3 4 5 6 7 8 9 10 None A great deal
20. How much help will you have, if needed, with <u>your family member's personal care</u> after he/she goes home?	0 1 2 3 4 5 6 7 8 9 10 None A great deal
21. How much help will <u>you</u> have, if needed, with <u>your family member's household activities</u> (for example, cooking, cleaning, shopping, babysitting) after he/she goes home?	0 1 2 3 4 5 6 7 8 9 10 None A great deal
22. How much help will you have, if needed, with <u>your family member's medical care</u> needs (treatments, medications) after he/she goes home?	0 1 2 3 4 5 6 7 8 9 10 None A great deal

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