

READINESS FOR HOSPITAL DISCHARGE SCALE – POSTPARTUM – SHORT 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.

1. How would you describe your physical ability to care for <u>yourself</u> in the first few days after you go home?	0 1 2 3 4 5 6 7 8 9 10 Not able Totally able
2. How would you describe your physical ability to care for <u>your baby</u> in the first few days after you go home?	0 1 2 3 4 5 6 7 8 9 10 Not able Totally able
3. How much do you know about problems to watch for after you go home?	0 1 2 3 4 5 6 7 8 9 10 Know nothing at all Know all
4. How much do you know about follow-up medical care you and your baby need after you go home?	0 1 2 3 4 5 6 7 8 9 10 Know nothing at all Know all
5. How well will you be able to perform your personal care (for example, care of your stitches, incision, breast care, hygiene, bathing, toileting, eating)?	0 1 2 3 4 5 6 7 8 9 10 Not at all Extremely well
6. How well will you be able to perform baby care ?	0 1 2 3 4 5 6 7 8 9 10 Not at all Extremely well
7. How much help will you have with household activities (for example, cooking, cleaning, shopping, babysitting) after you go home?	0 1 2 3 4 5 6 7 8 9 10 None A great deal
8. How much help will you have with baby care you go home?	0 1 2 3 4 5 6 7 8 9 10 None A great deal