

QUALITY OF DISCHARGE TEACHING SCALE – PARENT 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 much information <u>did you need</u> from your child's nurses about taking care of your child after you go home?	0 1 2 3 4 5 6 7 8 9 10 None A great deal
1b. How much information <u>did you receive</u> from your child's nurses about taking care of your child after you go home?	0 1 2 3 4 5 6 7 8 9 10 None A great deal
2a. How much information <u>did you need</u> from your child's nurses about your emotions after you go home?	0 1 2 3 4 5 6 7 8 9 10 None A great deal
2b. How much information <u>did you receive</u> from your child's nurses about your emotions after you go home?	0 1 2 3 4 5 6 7 8 9 10 None A great deal
3a. How much information <u>did you need</u> from your child's nurses about your child's medical needs or treatments (for example, caring for a wound, breathing treatments, using equipment, or taking medications in the correct amounts and at the correct time) after you go home?	0 1 2 3 4 5 6 7 8 9 10 None A great deal
3b. How much information <u>did you receive</u> from your child's nurses about your child's medical needs or treatments after you go home?	0 1 2 3 4 5 6 7 8 9 10 None A great deal
4a. How much practice <u>did you need</u> with your child's medical treatments or medications before going home?	0 1 2 3 4 5 6 7 8 9 10 None A great deal
4b. How much practice <u>did you have</u> with your child's medical treatments or medications before going home?	0 1 2 3 4 5 6 7 8 9 10 None A great deal
5a. How much information <u>did you need</u> from your child's nurses about who and when to call if your child has problems after you go home?	0 1 2 3 4 5 6 7 8 9 10 None A great deal
5b. How much information <u>did you receive</u> from your child's nurses about who and when to call if your child has problems after you go home?	0 1 2 3 4 5 6 7 8 9 10 None A great deal

6a. How much information <u>did your family member(s) or others need</u> about your child's care after you go home from the hospital?	0	1	2	3	4	5	6	7	8	9	10	
	None								A great deal			
6b. How much information <u>did your family member(s) or others receive</u> about your child's care after you go home from the hospital?	0	1	2	3	4	5	6	7	8	9	10	
	None								A great deal			
7. How much did the information provided by your child's nurses answer your specific concerns and questions ?	0	1	2	3	4	5	6	7	8	9	10	
	Not at all								A great deal			
8. How much did your child's nurses listen to your concerns?	0	1	2	3	4	5	6	7	8	9	10	
	Not at all								A great deal			
9. Were your child's nurses sensitive to your personal beliefs and values?	0	1	2	3	4	5	6	7	8	9	10	
	Not at all								A great deal			
10. Did you like the way your child's nurses taught you about how to care for your child at home?	0	1	2	3	4	5	6	7	8	9	10	
	Not at all								A great deal			
11. Was the information your child's nurses provided about caring for your child given to you in a way you could understand ?	0	1	2	3	4	5	6	7	8	9	10	
	Not at all								Always			
12. Did your nurses break up your teaching into small amounts to help you learn?	0	1	2	3	4	5	6	7	8	9	10	
	Not at all								Always			
13. Did your child's nurses check to make sure you understood the information and instructions?	0	1	2	3	4	5	6	7	8	9	10	
	Not at all								A great deal			
14. Did you receive consistent (the same) information from your child's nurses, doctors, and other health workers?	0	1	2	3	4	5	6	7	8	9	10	
	Not at all								Always			
15. Was the information about caring for your child given to you at times that were good for you ?	0	1	2	3	4	5	6	7	8	9	10	
	Not at all								Always			
16. Was the information you received from your child's nurses given at times when your family member(s) or others could attend ?	0	1	2	3	4	5	6	7	8	9	10	
	Not at all								Always			

17. Did your child's nurses help you to feel confident in your ability to care for <u>your child</u> at home?	0 1 2 3 4 5 6 7 8 9 10 Not at all A great deal
18. How confident do you feel that you would know what to do in an emergency ?	0 1 2 3 4 5 6 7 8 9 10 Not at all Extremely
19. Did the information your child's nurses provided about your child's care at home decrease your anxiety about going home?	0 1 2 3 4 5 6 7 8 9 10 Not at all A great deal

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