

READINESS FOR HOSPITAL DISCHARGE SCALE -- ADULT FORM ©

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 are you to go home?	0 1 2 3 4 5 6 7 8 9 10 Not ready Totally ready
2. How would you describe your energy today?	0 1 2 3 4 5 6 7 8 9 10 Low energy High energy
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 restrictions (what you are allowed and not allowed to do) 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 handle the demands of life at home?	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 your 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
7. How much help will you have if needed with your personal care 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 if needed with your medical care needs (treatments, medications) after you go home?	0 1 2 3 4 5 6 7 8 9 10 None A great deal

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marianne.weiss@marquette.edu