

**READINESS FOR HOSPITAL DISCHARGE SCALE – RN POSTPARTUM 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 <b>physical ability</b> to care for <u>herself</u> in the first few days after going home?	0 1 2 3 4 5 6 7 8 9 10 Not able Totally able
2. How would you describe your <b>physical ability</b> to care for her <u>baby</u> in the first few days after going home?	0 1 2 3 4 5 6 7 8 9 10 Not able Totally able
3. How much does your patient <b>know about problems to watch for</b> after going home?	0 1 2 3 4 5 6 7 8 9 10 Knows nothing at all Knows all
4. How much does your patient <b>know about follow-up medical care</b> she and her baby need after going home?	0 1 2 3 4 5 6 7 8 9 10 Knows nothing at all Knows all
5. How well will your patient be able to <b>perform her personal care</b> (for example, care of her 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 your patient be able to <b>perform baby care</b> ?	0 1 2 3 4 5 6 7 8 9 10 Not at all Extremely well
7. How much <b>help</b> will your patient have with <b>household activities</b> (for example, cooking, cleaning, shopping, babysitting) after going home?	0 1 2 3 4 5 6 7 8 9 10 None A great deal

8. How much **help** will your patient have with **baby care** after going