

READINESS FOR HOSPITAL DISCHARGE SCALE -- PARENT 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.

1a. How would you describe <u>your strength</u> today?	0 1 2 3 4 5 6 7 8 9 10 Weak Strong
1b. How would you describe _____ strength today?	0 1 2 3 4 5 6 7 8 9 10 Weak Strong
2. 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
3. How much do you know about what <u>your child</u> is 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
4. 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
5. How well will you be able to perform your _____ 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
6. How much help will you have, if needed, with <u>your _____ personal care</u> after you go home?	0 1 2 3 4 5 6 7 8 9 10 None A great deal

7. How much **help** will you have, if needed, with **household activities** (for example,