

READINESS FOR HOSPITAL DISCHARGE 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 physically ready are <u>you</u> to go home?	0 1 2 3 4 5 6 7 8 9 10 Not ready Totally ready
1b. How physically ready is <u>your child</u> to go home today?	0 1 2 3 4 5 6 7 8 9 10 Not ready Totally ready
2a. How would you describe <u>your level of pain or discomfort</u> today?	0 1 2 3 4 5 6 7 8 9 10 No pain/ discomfort Severe pain/ discomfort
2b. How would you describe <u>your child's level of pain or discomfort</u> today?	0 1 2 3 4 5 6 7 8 9 10 No pain/ discomfort Severe pain/ discomfort
3a. How would you describe <u>your strength</u> today?	0 1 2 3 4 5 6 7 8 9 10 Weak Strong
3b. How would you describe <u>your child's strength</u> today?	0 1 2 3 4 5 6 7 8 9 10 Weak Strong
4a. How would you describe <u>your energy</u> today?	0 1 2 3 4 5 6 7 8 9 10 Low energy High energy
4b. How would you describe <u>your child's energy</u> today?	0 1 2 3 4 5 6 7 8 9 10 Low energy High energy
5. How much stress do <u>you</u> feel today?	0 1 2 3 4 5 6 7 8 9 10 None A great deal
6a. How emotionally ready are <u>you</u> to go home today?	0 1 2 3 4 5 6 7 8 9 10 Not ready Totally ready

6b. How difficult will it be to manage <u>your child's</u> emotions and/or behavior at home?	0	1	2	3	4	5	6	7	8	9	10
	Not difficult						Very difficult				
7a. How would you describe <u>your</u> physical ability to care for yourself today (for example, hygiene, walking, toileting)?	0	1	2	3	4	5	6	7	8	9	10
	Not able						Totally able				
7b. How ready is <u>your child</u> to do the usual activities for his/her age (for example, eating, bathing, toileting, play)?	0	1	2	3	4	5	6	7	8	9	10
	Not able						Totally able				
8. How much do you know about caring for your child after you go home?	0	1	2	3	4	5	6	7	8	9	10
	Know nothing at all						Know all				
9. How much do you know about taking care of <u>your child's</u> personal needs (for example, hygiene, bathing, toileting, feeding, play) after you go home?	0	1	2	3	4	5	6	7	8	9	10
	Know nothing at all						Know all				
10. How much do you know about what <u>your child</u> needs for his/her growth and development ?	0	1	2	3	4	5	6	7	8	9	10
	Know nothing at all						Know all				
11. How much do you know about taking care of <u>your child's</u> medical needs (treatments, medications) after you go home?	0	1	2	3	4	5	6	7	8	9	10
	Know nothing at all						Know all				
12. 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				
13. How much do you know about who and when to call if <u>your child</u> has problems after you go home?	0	1	2	3	4	5	6	7	8	9	10
	Know nothing at all						Know all				
14. 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				
15. How much do you know about what happens next in <u>your child's</u> follow-up medical treatment plan after you go home?	0	1	2	3	4	5	6	7	8	9	10
	Know nothing at all						Know all				
16. How much do you know about services and information available to you and your child in your community after you go home?	0	1	2	3	4	5	6	7	8	9	10
	Know nothing at all						Know all				
17. 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				

18. How well will you be able to perform your child's 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					
19. How well will you be able to perform your child's 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					
20. How much emotional support will <u>you</u> have after you go home?	0	1	2	3	4	5	6	7	8	9	10	
	None						A great deal					
21. How much help will you have, if needed, with <u>your child's personal care</u> after you go home?	0	1	2	3	4	5	6	7	8	9	10	
	None						A great deal					
22. How much help will <u>you</u> have, if needed, 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					
23. How much help will you have, if needed, with <u>your child's medical care</u> 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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