

# Readmission

Please complete the survey below.

Thank you!

---

## READMISSION QUESTIONNAIRE

---

1 Did the patient consent to this questionnaire?  Yes  
 No

---

If no, please explain

---

---

Is the patient eligible for the survey (speaks English, able to respond to questions reliably)?  Yes  
 No

---

If no, please explain

---

**SUBSEQUENT ADMISSION PATIENT QUESTIONS**

- 2 Since you left the hospital, was there health care or medical help that you needed and could not get?
- Yes
  - No
  - Not sure

---

What health care or medical help did you need that you could not get?

---

### How important were the following factors in your return to the hospital?

	Very Important	Somewhat Important	Not Important	Unsure
3 Old symptoms getting worse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 New Symptoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Trouble understanding how to take medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Trouble getting medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Trouble understanding what you were supposed to do to take care of yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8 Trouble getting a primary care provider appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 Trouble getting a specialist appointment (kidney, heart, neurology doctor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10 Trouble with transportation to a clinic appointment or pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11 Other factors you wish to describe

---

12 For the following statement, please state the degree to which you agree: During your previous hospitalization, how often did staff take your wishes into account in deciding what you would need when you left the hospital?

Always  
 Usually  
 Sometimes  
 Never  
 Not applicable

13 For the following statement, please state the degree to which you agree: During your previous hospitalization, how often did staff take the wishes of your caregivers into account in deciding what you would need when you left the hospital?

Always  
 Usually  
 Sometimes  
 Never  
 Not applicable

14 For the following statement, please state the degree to which you agree: After I left the hospital, I had a good understanding how to manage my health after I left the hospital.

Strongly agree  
 Agree  
 Disagree  
 Strongly disagree  
 Not applicable

15 For the following statement, please state the degree to which you agree: After I left the hospital, I clearly understood how to take my medications.

Strongly agree  
 Agree  
 Disagree  
 Strongly disagree

- 
- 16 Check all that apply: Do you live
- Alone in your own house, apartment
  - With family or friends in your own home
  - With family or friend in their home
  - In an elderly housing or retirement community
  - In a group home or boarding home with some assistance from professionals
  - In an assisted living facility
  - In a nursing home
  - Other, specify
  - Not applicable

---

Other living situation, please specify

---

- 
- 17 Do you have any of the following problems?
- Had to move because of health or medical problems
  - Had trouble finding or keeping your job because of health or medical problems
  - Had problems in your family
  - Accident, injury, or fall
  - Worried about being alone
  - Problems knowing who to call if I need help
  - Not applicable

- 
- 18 Check all that apply: In the past year, have you had any problem having enough money to
- Buy food
  - Buy clothing
  - Pay rent, mortgage or housing costs
  - Pay medical bills (doctors, hospitals)
  - Pay for prescription drugs
  - Pay for medical equipment or supplies
  - Pay for healthcare services you need at home
  - Other, specify
  - Not applicable

---

Other financial concerns, please specify

---

- 
- 19 Do doctors or nurses ever ask you whether you need help to do these things?
- Yes
  - No
  - Not sure

**For each of the following items, please indicate if you can do this without assistance, with assistance or you cannot do it**

	I can do this without assistance	I can do this with assistance	I cannot do this	Does not apply
20 Prepare meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21 Bathe or shower	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22 Use the toilet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23 Get dressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24 Eat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25 Get in and out of bed and chairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26 Shopping and errands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27 Scheduling appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28 Paying bills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29 Manage medications and take them on schedule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30 Arranging transportation to appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31 Is there one person who is a family member or friend, who does the most to help you manage your health care, medications and other needs?

Yes  
 No  
 Not sure

32 Do you feel you need more assistance stay to well without needing to come to the hospital?

Yes  
 No  
 Not sure

33 What are the biggest challenges of living with your health conditions?

\_\_\_\_\_