

Measure # 38f: PREPARED Survey – Modified Medical Practitioner Version

Contact Information:

- For questions regarding this measure and for permission to use it, contact:
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- Any use of the measure instruments must be accompanied by the following citation: Graumlich JF, Novotny NL, Aldag JC. Brief scale measuring patient preparedness for hospital discharge to home: psychometric properties. *J Hosp Med* 2008; 3(6): 455-464. The measure owner requests that users send a copy of any modifications or alterations made to the instrument to James F. Graumlich (contact information listed above).

Additional Notes:

- The measure instruments are also available from the following website:
<http://www.unisa.edu.au/cahe/Resources/DCP/Information.asp>

Appendix:

WHILE YOU WERE IN HOSPITAL:		
Item	Question	Response options
1	How much information did you receive about the medications that you were to take home?	As much as I needed Some, but not enough None Not taking any medications
2	How much information did you receive about the side effects of the medications that you were to take at home?	As much as I needed Some, but not enough None Not taking any medications
3	Were you given written instructions about your medications?	Yes No Not taking any medications
3a	If YES did someone spend time explaining the written instructions?	Yes No
4	How much information did you receive on how you would manage your usual activities when you went home? <i>(e.g. shopping, showering, bathing etc)</i>	As much as I needed Some, but not enough None
5	How much information did you receive on community services you might use once you went home? <i>(e.g. Home Health Care, Home Health Nurse, Meals on Wheels etc)</i>	As much as I needed Some, but not enough None No services needed

6	How much information did you receive on equipment you might need once you went home? (<i>e.g. rails, shower chair, walking aids etc</i>)	As much as I needed Some, but not enough None No equipment needed
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BEFORE YOU WERE DISCHARGED FROM HOSPITAL:

Item	Question	Response options
7	Did anyone arrange community services for you to use at home? (<i>e.g. Home Health Care, Home Health Nurse, Meals on Wheels etc</i>)	Yes No No one needed to: services were already in place No one needed to: no services needed
8	Did anyone arrange equipment for you?	Yes No No one needed to: Equipment already in place No one needed to: No equipment needed
9	Was there any other information you would have liked while you were in hospital, to prepare you for coping at home?	Yes No

AFTER YOU WERE TOLD YOU COULD LEAVE HOSPITAL:

Item	Question	Response options
10	How confident did you feel about managing at home?	Confident Unsure Not confident
12	Were there any delays on the day you left the hospital?	Yes No

NOW THAT YOU HAVE BEEN OUT OF HOSPITAL FOR A WHILE:

Item	Question	Response options
13	Has anything been worrying you about managing at home?	Yes No

LOOKING BACK TO THE TIME YOU LEFT HOSPITAL:

Item	Question	Response options
11	Overall, how prepared did you feel for returning home?	Very prepared Moderately prepared Unprepared