

Readmission Patient Interview

Regarding Your Last Admission and the Events Following Your Discharge from the Hospital

Were you kept informed about your diagnoses during your stay in the hospital, and what was being done to further evaluate and treat them	None of time <input type="radio"/> Some of time <input type="radio"/> Most of time <input type="radio"/> All of time <input type="radio"/>
At the time of your discharge, did someone talk to you about:	
1. what your diagnoses were	Yes <input type="radio"/> No <input type="radio"/> Not Sure <input type="radio"/>
2. what tests or procedures needed to be done after you left	Yes <input type="radio"/> No <input type="radio"/> Not Sure <input type="radio"/>
3. what to watch out for regarding worsening of your disease	Yes <input type="radio"/> No <input type="radio"/> Not Sure <input type="radio"/>
4. what to do if you were experiencing worsening of your disease	Yes <input type="radio"/> No <input type="radio"/> Not Sure <input type="radio"/>
5. who to contact (and how) if you were experiencing worsening of your disease	Yes <input type="radio"/> No <input type="radio"/> Not Sure <input type="radio"/>
Were you asked about your understanding these instructions?	Yes <input type="radio"/> No <input type="radio"/> Not Sure <input type="radio"/>
Were the discharge instructions written down and given to you before you left	Yes <input type="radio"/> No <input type="radio"/> Not Sure <input type="radio"/>
Were the written discharge instructions and plans easy to read and understand?	Yes <input type="radio"/> No <input type="radio"/> Not Sure <input type="radio"/>
How confident were you about understanding these instructions?	Very confident <input type="radio"/> Somewhat confident <input type="radio"/> Not confident <input type="radio"/> Not Sure <input type="radio"/>
Do you have a regular doctor who takes care of you for most things?	Yes <input type="radio"/> No <input type="radio"/> Not Sure <input type="radio"/>
At the time of your discharge, did someone talk with you about which medications to take when you left, and which ones to discontinue?	Yes <input type="radio"/> No <input type="radio"/> Not Sure <input type="radio"/>
Did you take your medications as they were prescribed?	Yes <input type="radio"/> No <input type="radio"/> Not Sure <input type="radio"/>
If not, what were the difficulties you experienced with taking your medications?	
After you left the hospital, did you have an appointment with your doctor?	Yes <input type="radio"/> No <input type="radio"/> Not Sure <input type="radio"/>
If yes, who made the appointment?	I did <input type="radio"/> My family <input type="radio"/> the hospital staff <input type="radio"/> Not Sure <input type="radio"/>
How long after being discharged did you have to wait for the appointment	A few days <input type="radio"/> About a week <input type="radio"/> About two weeks <input type="radio"/> Longer then 2 weeks <input type="radio"/> Not Sure <input type="radio"/>
Were you able to get to this appointment?	Yes <input type="radio"/> No <input type="radio"/> Not Sure <input type="radio"/>
How do you think you became sick enough to be readmitted to the hospital?	

QM Review: Date of Discharge ___/___/___ Date of Admission ___/___/___

Reason for Readmission : _____