



Readmission Interview Tool

Suggested script to seek participation

“We are working to improve care after hospitalization for our patients that have been recently hospitalized. We noticed that you were here recently and now you’re back. Would you mind telling me about what happened between the time you left the hospital and the time you returned? This will help us understand what we might be able to do better for you and what we might be able to do better for our patients in general. It shouldn’t take more than 5 to 10 minutes. Would that be okay with you?”

Patient Name (optional): _____

Readmission: ___/___/_____ Index Admission: ___/___/_____ Last Discharge: ___/___/_____

Responses provided by (check all that apply): Patient Caregiver Other: _____

What prompted you to return to the hospital?	
My return to the hospital was:	
<input type="checkbox"/> Unexpected. <input type="checkbox"/> Expected. <input type="checkbox"/> Caused by a new medical problem. <input type="checkbox"/> Related to what I was treated for during my last hospital stay. Comments:	
Tell me about your prior discharge arrangements.	Notes
Where you discharged home? <input type="checkbox"/> Yes <input type="checkbox"/> No What arrangements were made for you prior to discharge? <input type="checkbox"/> Home healthcare Date of first home healthcare visit following discharge: ___/___/_____ <input type="checkbox"/> Nursing home <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Hospice <input type="checkbox"/> Personal care <input type="checkbox"/> Transportation <input type="checkbox"/> Medication assistance <input type="checkbox"/> Home delivered meals <input type="checkbox"/> Homemaking/errand services <input type="checkbox"/> Medical equipment (e.g., oxygen, walker, etc.) <input type="checkbox"/> Other: _____	
How did these arrangements meet your needs? <input type="checkbox"/> Needs not met <input type="checkbox"/> Somewhat met <input type="checkbox"/> Needs met <input type="checkbox"/> Too much	

Tell me about your experience being discharged from the hospital last	Notes	
Did you have any concerns about how to care for yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you have any questions about how to care for yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did the hospital staff give you information on: <ul style="list-style-type: none"> • Diet and activity, including fluid restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No • Functionality, mobility, and activities of daily living? <input type="checkbox"/> Yes <input type="checkbox"/> No • Medications (e.g., dosing, side effects, adjustments) <input type="checkbox"/> Yes <input type="checkbox"/> No • Treatments for home (e.g., dressings, wounds) <input type="checkbox"/> Yes <input type="checkbox"/> No • Disease and symptom management? <input type="checkbox"/> Yes <input type="checkbox"/> No • Follow-up doctor visit(s)? and what to bring? (e.g., discharge summary, test results, tests pending) <input type="checkbox"/> Yes <input type="checkbox"/> No 		
Were you asked about your treatment goals and preferences? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Were the topics I mentioned here addressed over the course of your hospitalization and discharge OR... ...just at discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Were there any care instructions that were confusing or difficult to do? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Medication		Notes
How soon did you fill your prescriptions? _____		
Were you able to fill your prescriptions? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you have any trouble filling your prescriptions? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you have questions about medications at home compared to the new medications that you were prescribed upon discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been taking all your medications as prescribed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Follow-Up Care	Notes	
Do you have a primary care physician (PCP), or a physician that you regularly see? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you leave the hospital with an appointment to see your PCP after discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you attend your PCP appointment after you were discharged from the hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your physician aware that you had been recently discharged from the hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you see a specialist after discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No		



Healthcare Utilization in the Last 6 Months	Notes
How many times have you visited the emergency department? 0 1-2 3+ <input type="checkbox"/> Unsure	
How many times have you been in the hospital? 0 1-2 3+ <input type="checkbox"/> Unsure	
Overall, is there anything we can do to help improve your care here?	
What, if anything, can help you better prepare you for your hospital discharge?	