

Hospital Discharge Experience Assessment Form

Patient Name

Date of Discharge

Ward/Unit

Were the discharge instructions clear and easy to understand?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

Did staff provide you with information about your medications?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

Did you feel involved in decisions about your discharge?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

Were arrangements made for any follow-up appointments?

- ☐ Yes
- ☐ No
- ☐ Not applicable

Additional Comments

Please share any suggestions or experiences...