

## 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...