Patient and Caregiver Preparedness for Discharge from the Internal Medicine Wards of the University of the Philippines – Philippine General Hospital

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ABSTRACT

Background. Preparedness before discharge correlates with good clinical outcomes.

Objective. The study described the perception, attitudes, and perceived preparedness of patients and caregivers for discharge from the Internal Medicine wards of the University of the Philippines-Philippine General Hospital (UP-PGH).

Methods. A cross-sectional survey among 142 patients about to be discharged from the Internal Medicine wards of the Philippine General Hospital and/or their caregivers from May to June 2017 was done using a validated Filipino version of B-PREPARED, an 11-item self-administered questionnaire that measures patient preparedness for home. The questionnaire has three domains: self-care information, equipment/services, and confidence. The highest possible B-PREPARED score is 22 with higher scores indicating better discharge preparedness. Mean B-PREPARED scores were calculated. Post-hoc linear regression analysis between the scores and characteristics was performed.

Results. The Filipino translation of the B-PREPARED questionnaire had good internal consistency (Cronbach's alpha 0.8). One hundred forty-two patients and caregivers participated. The mean B-PREPARED score was 14.57 ± 4.34, with a median of 15. The lowest scores were for information on available community services (1.20 ± 0.76), arranged equipment (0.83 ± 0.88), information on side effects of medications (1.19 ± 0.85), and additional information sought (0.61 ± 0.92). There was no significant correlation between preparedness and age, employment status, educational attainment, diagnosis, length of hospitalization, the number of admissions one year prior, or whether the respondent was a patient or caregiver.

Conclusion. The Filipino translation of the B-PREPARED questionnaire had good internal consistency. Although most participants reported being confident and prepared for discharge, most felt they did not receive sufficient information on side effects and available community services, and assistance in arranging for the necessary equipment for home care.

Key Words: discharge planning, patient satisfaction, health care surveys

INTRODUCTION

Discharge preparedness of patients and caregivers affects clinical outcomes. Patients' self-reported readiness for discharge was strongly associated with readmission or death,[1,2] even among older people,[3] with less-prepared patients having worse clinical outcomes. The quality of the delivery of discharge instructions was the strongest predictor of discharge readiness.[4] At present, preparedness is considered an important component of discharge assessment.[5] Gaps in the process of discharging patients from hospital to home may increase the potential for mortality and morbidity.

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No standard discharge protocol is currently in place at the Internal Medicine Wards of the University of the Philippines–Philippine General Hospital (UP-PGH). The PGH is the largest government tertiary hospital in the country's capital. It caters to thousands of patients yearly, most of which belong to low-income bracket families. Hours prior to the actual discharge, instructions and information regarding medications and potential side effects, follow up schedules in the General Medicine and subspecialty clinics, as well as signs and symptoms to watch out for, are given by the resident physician, the medical student-in-charge, or the nurse. These instructions are individualized, not standardized, and are given verbally to the patients and their caregivers. These are also written in a one-page discharge summary sheet, which details the patient name, discharge diagnosis, home medications, with blanks for discharge instructions and follow-up schedules. The instructions are filled out by the resident in charge.

Whether this mechanism of discharging patients is effective remains to be evaluated. There is also no information on how satisfied patients and their caregivers are with current discharge practices.

It is important to determine the perceptions and attitudes the patients and their caregivers have towards the process by which they are discharged from the hospital to home. By understanding and analyzing these factors, ways to improve current discharge practices would be identified. This information can be used to design a standardized discharge process that is more responsive to the needs of patients for discharge from the hospital and may lead to better patient outcomes.

SPECIFIC OBJECTIVES

The study aimed to determine the perception and attitudes of patients and their caregivers towards the way they were discharged from the Internal Medicine wards of the PGH using a validated Filipino version of the B-PREPARED questionnaire. Specifically, the study aimed to:

1. validate the Filipino version of the B-PREPARED questionnaire;
2. determine the different perceptions and attitudes of patients and their caregivers towards the current discharge process; and,
3. identify the factors that affect patient and caregiver preparedness for discharge.

METHODS

Setting, Participants, and Sample

Patients from the Internal Medicine Wards of PGH and/or their caregivers, who were for discharge within the day as determined by their primary physician, and who consented to participate regardless of their diagnosis, were eligible to participate in the study. Excluded were patients and caregivers who were discharged against medical advice, aphasic, and were not mentally able to formulate their opinions and communicate their feelings.

Study Design

This study employed a sequential exploratory mixed methods study design. Ethics approval was secured from the UP Manila Ethics Review Board (UPMREB) prior to implementation.

Phase 1: Validation of Questionnaire

The B-PREPARED questionnaire (Appendix 1) is a self-administered questionnaire that is composed of 11 questions measuring patient preparedness for hospital discharge to home. B-PREPARED was chosen among other tools because it has been shown to be a reliable and valid measure of patients' perceptions of their preparedness for home.[6] The B-PREPARED score was more strongly correlated with readmission or death than the more widely-adopted 3-item Care Transitions Measure, but it did not predict readmission.[1] As opposed to the longer PREPARED questionnaire, which was developed for patients ≥ 65 years old, B-PREPARED has been validated for adult patients of any age range within one week of discharge. Its questions are grouped into three domains: self-care information, equipment/services, and confidence. Seven of the 11 questions have three response options; three questions have dichotomous response options (Questions 7 to 9). Responses were assigned numerical values ranging from 0-2, with a higher score indicating better perception. The B-PREPARED scores can range from 0 (which means the least prepared) to 22 (which means the most prepared). There is no standard cut off score to ascertain discharge preparedness, but higher B-PREPARED scores indicate better discharge preparedness.

The original B-PREPARED questionnaire was translated into Filipino after being given permission by the primary author. Translation and back-translation to English were performed by two independent translators to ensure the fidelity of the translated questionnaire to the original English version.

To determine comprehensibility and acceptability of the language used in the translated questionnaire, two focus group discussions (FGD) were conducted involving a total of seven patients and caregivers recruited from the medical wards of PGH who consented to participate in the FGDs. A printed copy of the translated questionnaire was provided to each participant. Each item was discussed with the participants. They were asked for their feedback regarding the comprehensibility and acceptability of the language used. All comments and suggestions were recorded by a note-taker. Feedback from the participants was used to modify the questionnaire until no further revisions were suggested.

The preliminary questionnaire was then pre-tested among 10 participants recruited by convenience sampling. The inclusion and exclusion criteria applied were the same.

Internal consistency was checked using the Cronbach's alpha statistic involving the first 70 patients who were recruited for the survey. The final version of the questionnaire was used in Phase 2 of the study (Appendix 2).

Phase 2: Cross-sectional survey

The estimated sample size for the study was 142. It was computed using a respondent to item ratio of 1:13, satisfying the minimum ratio of at least 1:5.[7]

All patients and caregivers about to be discharged from the Internal Medicine wards of the Philippine General Hospital (Wards 1 and 3) from May to June 2017 were personally invited by a trained research assistant to participate in the study. Written informed consent was obtained from those who were willing to participate in the survey before they were given the questionnaire for completion. To minimize response bias, a trained research assistant, who was not an employee of PGH and not part of the healthcare team, was available to assist those who had questions or clarifications to complete the questionnaire. Respondents were also asked if they had information needs that they wanted to be addressed. They were asked to indicate their responses in the space provided in the questionnaire. The research assistant collected the filled out questionnaires after they were completed by the participants.

Data Encoding and Analysis

Phase 1: Validation of Questionnaire

The Cronbach's alpha was calculated to assess the internal consistency and reliability of the Filipino translation of the B-PREPARED questionnaire.

Phase 2: Cross-sectional survey

Data were encoded in a password-protected Microsoft Excel spreadsheet accessible only to the study team. The analysis was performed with Stata SE version 13. Descriptive statistics were reported as frequency, mean (standard deviation), and median (range). Linear regression was used to determine whether baseline characteristics (age, sex, length of hospital stay, number of admissions prior to the current admission, educational attainment, employment status, or whether the respondent was a patient or caregiver) affected discharge preparedness.

RESULTS

Phase 1: Validation of Questionnaire

Appendix 1 shows the initial Filipino translation of the B-PREPARED questionnaire fielded to the respondents in the initial FGD.

In general, the respondents had difficulty with the following terms: side effects, *tagubilin (*instructions*), kagamitan (*equipment*),* and *serbisyong pangkomunidad (*community services*)*. One respondent suggested that the meaning of side effects in Question 2 be expounded and examples given.

All respondents expressed difficulty in understanding Questions 3, 4, 5, 6, 7, and 8 because the questions were 'too profound.' For Question 3, the word '*tagubilin*' was difficult to comprehend because it was equated with rules and regulations of the ward. Different interpretations of the word '*gawaing-bahay*' (usual activities) made Question 4 difficult to understand. It was either equated with the tasks performed by nurses and doctors that needed to be continued at home or to the tasks to be done at home for the patient, or to the tasks at home, which the patient could no longer perform. The term '*serbisyong pangkomunidad*' in Question 5 was difficult to understand as well. It was suggested that the order of Questions 6-8 be revised. It was also suggested that the dichotomous items to responses to items 7 and 8 be revised to three response options.

The respondents did not find the questions offensive, invasive, nor time-consuming. Font size, typeface, and spacing of the characters were deemed appropriate. The aforementioned comments were used to revise the initial translated questionnaire. No further clarifications or questions were elicited in the second FGD. Pre-testing of the final version of the translated B-PREPARED questionnaire yielded a Cronbach's alpha of 0.80, which means that internal consistency was acceptable. The pre-testing did not yield further revisions in the questionnaire.

Phase 2: Cross-Sectional Survey

Seventy-nine patients (55.63%) and 63 caregivers (44.37%) were recruited from the Internal Medicine wards of the PGH yielding a total of 142 study participants. The characteristics of the study population are presented in Table 1.

Table 2 shows the frequency distribution of the responses and the mean and median scores for each item in the questionnaire. The mean total B-PREPARED score was 14.57 ± 4.34. For the Self-care Information (Questions 1-4) domain, the mean total score was 5.61 ± 2.38, while for the Equipment/Services (Questions 5-8) domain the mean score was 5.04 ± 2.19. The mean score for the Confidence (Questions 9-11) domain was 3.92 ± 1.19.

The questions pertaining to overall confidence (Question 10), and instructions on medications (Question 3) had the most number of respondents giving a 2/2 score (74.47% and 70.42%, respectively). Question 8, which asked if the equipment necessary for home care was arranged, and Question 9, which asked if the respondents sought additional information or clarifications prior to discharge, had the lowest scores. The majority of the respondents had a good overall preparedness level, with 69.01% of them answering 'very prepared' (Question 11). Of the three domains, the respondents scored highest in Self-care Information. Of the four questions in this domain, three registered a median score of 2. However, while the majority of respondents

Table 1. Baseline patient characteristics

Characteristic (N=142)	N (%)
Sex (male)	71 (50.00%)
Age (years)	
18-59	104 (73.24%)
≥60	38 (26.76%)
Mean age = 46.27 years	
Educational Attainment	
None	0 (0%)
Elementary	28 (19.72%)
High school	70 (49.30%)
College	30 (21.13%)
Vocational/technical	14 (9.86)
Employment Status (Employed)	26 (25.35%)
Days Admitted	
1-3	25 (17.61%)
4-7	25 (17.16%)
>7	92 (64.79%)
Mean length of hospital stay = 13.63 days	
Number of Hospital Admissions during the year prior to index admission	93 (65.49%)
0	27 (19.01)
1	22 (15.50%)
>1	
Primary Diagnosis	
Cardiac	26 (18.31%)
Diabetes	22 (15.49%)
Infection	7 (4.93%)
Chronic Kidney Disease	22 (15.49%)
Cancer	26 (18.31%)
Others (esophageal stricture, pleural effusion, lupus, nephrolithiasis)	39 (27.46%)

(59.86%) reported that they received enough information on their medications, only 48% of them reported receiving sufficient information regarding the side effects of these medications.

The B-PREPARED scores had no significant correlation with age, employment status, level of education, primary diagnosis, length of hospital stay, number of hospitalizations prior, or whether the respondent was a patient or caregiver (Table 3).

The respondents needed more information on dialysis and public dialysis centers available to them; rehabilitation programs; how to use equipment like a neck brace at home; insulin administration; and financial assistance from government agencies such as PhilHealth and Philippine Charity Sweepstakes Office (PCSO) in procuring medications.

DISCUSSION

The authors described the perception and attitudes of patients and caregivers who were about to be discharged from the Internal Medicine Wards (Wards 1 and 3) of the UP–PGH. The translated Filipino version of the B-PREPARED questionnaire had 11 questions with internal consistency and was acceptable to the patients.

Using the validated questionnaire, the authors have determined that patients and caregivers about to be discharged at Wards 1 and 3 had a mean B-PREPARED score of 14.57. Although no specific cut-offs in literature have been determined yet, the questionnaire is a helpful tool that allows us to describe patient and caregiver preparedness. Higher B-PREPARED scores mean that patients and caregivers feel they are prepared for discharge in terms of self-care, equipment/services, and general confidence that they can manage at home. Most respondents felt confident and prepared for home; however, they reported needing more information on side effects, and community services.

Table 2. Frequency distribution of responses (N, % of respondents), Mean and Median scores per domain identified

Question Number	Question Content	Score 0	Score 1	Score 2	Median (p25, p75)	Mean ± SD
Self-care domain					6 (4,8)	5.61 ± 2.38
1	Information on medications	(15, 10.56%)	(42, 29.58%)	(85, 59.86%)	2 (1,2)	1.49 ± 0.68
2	Information on side effects of medications	(40, 28.17%)	(35, 24.65%)	(67, 47.18%)	1 (0,2)	1.19 ± 0.85
3	Explanation of the written medication instructions	(16, 11.27%)	(26, 18.31%)	(100, 70.42%)	2 (1,2)	1.59 ± 0.69
4	Information on the management of usual activities at home	(27, 19.01%)	(41, 28.87%)	(74, 52.11%)	2 (1,2)	1.33 ± 0.78
Equipment/Services domain					5 (4,7)	5.04 ± 2.19
5	Information on community service needs	(29, 20.42%)	(56, 39.44%)	(57, 40.14%)	1 (1,2)	1.20 ± 0.76
6	Information on equipment needs	(18, 12.68%)	(31, 21.83%)	(93, 65.49%)	2 (1,2)	1.53 ± 0.71
7	Arrangement of necessary community services	(20, 14.08%)	(33, 23.24%)	(89, 62.68%)	2 (1,2)	1.49 ± 0.73
8	Arrangement of necessary equipment	(68, 48.59%)	(28, 19.72%)	(45, 31.69%)	1 (0,2)	0.83 ± 0.88
Overall Confidence domain					4 (4, 4)	3.92 ± 1.19
9	Other information needs as preparation to cope at home	(99, 69.72%)		(43, 30.28%)	0 (0,2)	0.61 ± 0.92
10	Overall confidence	(8, 5.67%)	(28, 19.86%)	(105, 74.47%)	2 (1,2)	1.69 ± 0.57
11	Overall preparedness	(7, 4.93%)	(37, 26.06%)	(98, 69.01%)	2 (1,2)	1.64 ± 0.58
Total perception					15 (12,18)	14.57 ± 4.34

Table 3. Baseline characteristics and their effect on total perception

Factors	Coefficient	p-value
Patient/Caregiver	0.09	0.91
Age (years)	-0.02	0.42
Employment Status	-0.24	0.77
Education		
Elementary	–	–
High school	-1.32	0.17
College	-0.00	1.00
Vocational/technical	1.89	0.18
Primary Diagnosis		
Cardiac	0.32	0.80
Diabetes	-0.14	0.94
Infection	-1.41	0.27
Chronic Kidney Disease	-1.23	0.31
Cancer	-0.10	0.93
Length of Hospitalization	0.03	0.95
Number of Admissions Prior	-0.25	0.46

Unique to the methods is the inclusion of caregivers in the study. They form a crucial part of the patient's care during and after discharge. Filipinos especially identify closely with their families, religious community, and peer groups—this is essential to the core value of "shared identity."[8,9] The family remains the basic unit of social organization and support, especially during illness.[9] At the PGH, they are allowed to stay at the patient's bedside, are empowered to process papers relevant to treatment, and are involved in the receiving and clarification of the discharge instructions.

Instead of doing phone interviews as described,[5] the authors administered printed questionnaires to patient and caregivers about to be discharged from the wards—this, after they had been instructed and educated by the physician, nurse, or clerk/intern who is part of the General Medicine service under whose care the patient had been admitted. Although the choice of timing of administering the questionnaire may pose some limitation to the study (technically, the patients have not been physically discharged from the hospital yet, but were only about to be), the limitation may not be significant because the questionnaire asked for their preparedness, for which location had a limited effect.

The authors found that patients scored lowest in information on available community services, information on arranged equipment, and additional information sought. Why the patients and caregivers scored low in these domains may be explained by many factors. The high workloads of discharge planners—which, at PGH, include the physicians, nurses, and the assigned clerks or interns—may account for this.[10] It may also be that, despite the availability of manpower, communication may be ineffective. This has been shown to exist among discharge planners, community-based providers, and physicians. The healthcare professionals may have used complex medical jargon,[11] or may have varied informational content based on preconceived notions and beliefs.[12]

Other factors that need to be explored, and which have been determined as barriers to successful discharge, include family conflicts,[10,13] ethical tensions between patient autonomy and safety,[14] and poor timing of discharge planning.[15]

The majority of patients and caregivers did not ask for any additional information that would prepare or help them transition home. This does not automatically indicate that the respondents had been sufficiently educated and prepared, but this may reflect their lack of attention to the exchange of information secondary to issues of pain or lack of sleep,[16] difficulties in coping,[17] feelings of intimidation,[18] and of information overload.[19]

They scored highest in preparedness, confidence, and instructions on medications. The patients and caregivers rated themselves as generally prepared and confident that they could manage themselves well after discharge. While seemingly reassuring, these findings are not consistent with the trends of the respondents' scores in information and equipment/services domains.

It is notable that the respondents scored high in information on and instructions on medication use but relatively low in side-effects of medications. Less than half of patients and caregivers received instruction or advice regarding the side effects of medications. This is an area for improvement and an important gap in the discharge process that has been identified since adverse drug events are common in hospitalized patients. Twenty-three percent (23%) of patients discharged from the general internal medicine service of a teaching hospital experienced at least one adverse drug event,[20] with half of these being preventable.

The respondents also scored low in information on available community services. Linkage to local community health care services—barangay health centers, municipal or district hospitals, and other government-operated clinics—must be highlighted. For the discharge process to be effective, community services need to be engaged. Despite the established importance of community services, key problems recur as the cause of why this linkage is not strengthened. The problems include poor communication,[21] delayed and inadequate assessments of discharge needs,[22] poorly organized community services,[23] and delayed involvement of such community services post-discharge.[22] The health care practitioners, particularly the Internal Medicine resident physicians, are also not aware, and therefore do not make full use of, these community services.

No statistically significant correlation exists between baseline characteristics and patient/caregiver preparedness (B-PREPARED scores). This is consistent with a previous finding that length of hospital stay, previous admissions, age, gender, race with preparedness for discharge and found no significant correlation. The only factors associated with lower readiness for discharge scores were "living alone" and poor coordination. Discharge teaching was positively correlated with readiness.[4] Different linear regression analysis also

found that age, length of hospital stay and self-described health status were not predictors of patients' satisfaction with discharge instructions.[24]

There was also no significant correlation between patient preparedness and the main diagnosis. Conditions with established correlation with low preparedness scores include hip and femur procedures except for major joint reattachment, psychoses, signs and symptoms of the musculoskeletal system and connective tissue, seizure, headache.[24] None of these conditions were seen in the sample population. Illness severity did not also influence perceptions.[25]

A prior admission conveys a sense of unsuccessful discharge planning. This prompts the health care provider to intensify instructional efforts prior to discharge.[26] This has been considered to influence perceptions prior to discharge. However, this study has found that the number of admissions a year prior did not affect patient and caregiver perceptions.

That only patients and caregivers from the medicine wards were included as respondents to validate the translated questionnaire is a limitation of this study. Respondents from other wards in the hospital may have different information needs so the generalizability of the results to other types of patients cannot be ascertained.

CONCLUSIONS AND RECOMMENDATIONS

The translated Filipino version of the B-PREPARED questionnaire is reliable and acceptable to patients. It can be used to identify gaps in the current discharge process.

Although most of the patients and caregivers felt prepared prior to discharge, they needed more information on available community services, information on arranged equipment, and additional information sought. They scored highest in the general feeling of preparedness, and most of them felt that they could manage at home, but these perceptions were not consistent with their scores in the two other domains (Self-care and Equipment/Services) and in their overall B-PREPARED scores. They also scored high in instructions to medications but low in their knowledge about the side effects of medications.

To address the information gaps, instructions and advice regarding medications and their side effects may be given using a comprehensive medication counseling program. Information on available community services, equipment/services, and linkage to available and accessible local community health services can be incorporated in an expanded checklist to be given to the patients and caregivers before discharge. This checklist ensures that the necessary information and instructions given are not limited to the disease and the necessary medications but also address the equipment/services domain of the discharge process.

Further research to include evaluating the utility of the translated, validated B-PREPARED questionnaire to improve discharge planning in other settings is recommended. The correlation between overall perception prior to discharge with patient outcomes post-discharge such as readmission rates can also be investigated in future studies.

Statement of Authorship

All authors participated in data collection and analysis, and approved the final version submitted.

Author Disclosure

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APPENDICES

Appendix 1. Initial Filipino translation of the B-PREPARED questionnaire

	English	Filipino
1	While you were in the hospital, how much information did you receive about the medications that you were to take at home? None. Some, but not enough. As much as I needed; not taking any medications.	Habang nasa ospital, gaano kasapat ang impormasyong iyong natanggap tungkol sa mga gamot na iyong ipagpapatuloy sa inyong pag-uwi? Walang impormasyon. Mayroon, ngunit hindi sapat. Sapat naman o hindi gumagamit ng gamot.
2	While you were in the hospital, how much information did you receive about the side effects of the medications that you were to take at home? None. Some, but not enough. As much as I needed; not taking any medications.	Habang nasa ospital, gaano kasapat ang impormasyong iyong natanggap tungkol sa mga side effects ng mga gamot na iyong ipagpapatuloy sa iyong pag-uwi? Walang impormasyon. Mayroon, ngunit hindi sapat. Sapat naman o hindi gumagamit ng gamot.
3	While you were in the hospital, were you given written instructions about your medications? If yes, did someone spend time explaining the written instruction? No written instructions and no time spent. Yes, received written instructions but no time spent. Yes, received written instructions and yes, time spent; or Not taking any medication	Habang nasa ospital, ikaw ba ay nabigyan ng mga nakasulat na tagubilin tungkol sa iyong mga gamot? Kung oo, may tao bang naglaan ng oras upang ipaliwanag ang mga nakasulat na tagubilin? Walang impormasyon. Mayroon, ngunit hindi sapat. Sapat naman o hindi gumagamit ng gamot.
4	While you were in the hospital, how much information did you receive on how you would manage your usual activities when you went home? None. Some, but not enough. As much as I needed.	Habang nasa ospital, gaano kasapat ang impormasyong iyong natanggap tungkol sa mga gawaing-bahay? Walang impormasyon. Mayroon, ngunit hindi sapat. Sapat naman o hindi gumagamit ng gamot.
5	While you were in the hospital, how much information did you receive on community services you might use once you went at home? None. Some, but not enough. As much as I needed; or No services needed.	Habang nasa ospital, gaano kasapat ang impormasyong iyong natanggap tungkol sa mga serbisyong pangkomunidad na iyong maaring matanggap sa iyong pag-uwi? Walang impormasyon. Mayroon, ngunit hindi sapat. Sapat sa pangangailangan o walang serbisyong pangkomunidad na kailangan.
6	While you were in the hospital, how much information did you receive on equipment you might need once you went home? None. Some, but not enough. As much as I needed; or No equipment needed.	Habang nasa ospital, gaano kasapat ang impormasyong iyong natanggap tungkol sa mga kagamitang maaring kailanganin sa iyong pag-uwi? Walang impormasyon. Mayroon, ngunit hindi sapat. Sapat sa pangangailangan o walang serbisyong pangkomunidad na kailangan.

Appendix 1. Initial Filipino translation of the B-PREPARED questionnaire *(continued)*

	English	Filipino
7	Before you were discharged from the hospital, did anyone arrange community services for you to use at home?	Bago ka napauwi mula sa ospital, mayroon bang nag-ayos ng mga serbisyong pangkomunidad na puwedeng mong mapakinabangan sa iyong pag-uwi?
	None. Some, but not enough. Yes; or No one needed to arrange because services were already in place or no services needed.	Walang impormasyon. Mayroon, ngunit hindi sapat. Sapat sa pangangailangan o walang serbisyong pangkomunidad na kailangan.
8	Before you were discharged from the hospital, did anyone arrange equipment for you?	Bago ka napauwi mula sa ospital, mayroon bang nag-ayos ng mga kagamitan para sa iyo?
	None. Some, but not enough. Yes; or No one needed to because equipment already in place or no equipment needed.	Walang impormasyon. Mayroon, ngunit hindi sapat. Sapat sa pangangailangan o walang serbisyong pangkomunidad na kailangan.
9	Before you were discharged from the hospital, was there any other information you would have liked while you were in the hospital to prepare you for coping at home?	Bago ka napauwi mula sa ospital, may iba pa bang impormasyong gusto mo pa sanang malaman habang nasa ospital upang makapaghanda ka sa iyong pag-uwi?
	No. Yes.	Wala na. Mayroon.
10	After you were told you could leave the hospital, how confident did you feel about managing at home?	Matapos na ikaw ay payuhang maari nang umuwi mula sa ospital, gaano kapanatag ang iyong loob na kaya mo ang iyong sarili habang nasa bahay?
	Not confident. Unsure. Confident.	Hindi panatag ang loob. Hindi sigurado. Panatag ang loob.
11	Looking back to the time you left the hospital, overall, how prepared did you feel for returning home?	Sa pangkalahatan, gaano ka kahanda sa iyong pag-uwi?
	Unprepared. Moderately prepared. Very prepared.	Hindi handa. Bahagyang handa. Handang-handa.

Appendix 2. Final Filipino translation of the B-PREPARED questionnaire

Markahan ng (√) ang iyong sagot sa katanungan.

	Walang impormasyon	Mayroon, ngunit hindi sapat	Sapat naman o hindi gumagamit ng gamot
1. Habang nasa ospital, gaano kasapat ang impormasyong iyong natanggap tungkol sa mga gamot na iyong ipagpapatuloy sa iyong pag-uwi?			
2. Habang nasa ospital, gaano kasapat ang impormasyong iyong natanggap tungkol sa mga side effects(mga halimbawa: pangagati, pagsakit ng tiyan, pagbaba ng presyon, pagkahilo) ng mga gamot na iyong ipagpapatuloy sa iyong pag-uwi?			
3. Habang nasa ospital, ikaw ba ay nabigyan ng mga bilin tungkol sa iyong mga gamot? Kung oo, may nagpaliwanag ba ng mga bilin na ito?			
4. Habang nasa ospital, gaano kasapat ang impormasyong iyong natanggap tungkol sa paano niyo gagawin ang mga kadalasang ginagawa niyo sa bahay?			

	Walang impormasyon	Mayroon, ngunit hindi sapat	Sapat naman o Walang serbisyong kailangan
5. Habang nasa ospital, gaano kasapat ang impormasyong iyong natanggap tungkol sa mga serbisyong pwedeng maitulong ng komunidad o lokal na health center kapag kayo ay nakauwi na?			
6. Habang nasa ospital, gaano kasapat ang impormasyong iyong natanggap tungkol sa mga gamit na kakailanganin sa iyong pag-uwi?			
7. Bago ka napauwi mula sa ospital, may nag-ayos ba ng mga gamit na ito para sa iyo?			
8. Bago ka napauwi mula sa ospital, mayroon bang nag-ayos ng mga serbisyong pwedeng maitulong ng barangay o health center na puwedeng mong mapakinabangan sa iyong pag-uwi?			

	Wala na	Mayroon
9. Bago ka napauwi mula sa ospital, may iba pa bang impormasyong gusto mo pa sanang malaman habang nasa ospital upang makapaghanda ka sa iyong pag-uwi? Kung mayroon, anu-ano ang mga ito? Pakisulat sa ibaba.		

	Hindi komportable ang loob	Hindi sigurado	Komportable ang loob
10. Matapos na ikaw ay payuhang maaari nang umuwi mula sa ospital, gaano kakomportable ang iyong loob na kaya mo ang iyong sarili habang nasa bahay?			

	Hindi handa	Bahagyang handa	Handang-handa
11. Sa pangkalahatan, gaano ka kahanda sa iyong pag-uwi?			