

PATIENT INTERVIEW TOOL

| Questions | Room # _____ Patient/Caregiver Name | Room # _____ Patient/Caregiver Name | Room # _____ Patient/Caregiver Name |
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| <p>Number of days since the last discharge? Which facility where you discharged from?</p> | | | |
| <p>How do you think you became sick enough to come back to the hospital?</p> | | | |
| <p>Physician Questions - Did you go to your doctor's office before you came back to the hospital? If yes, who is your doctor? If not, why not? Did you have any problems getting to see your doctor?</p> | | | |
| <p>Medication Questions - Has anything gotten in the way of you taking your medicines? How do you take your medicines and set up your pills each day? Can you tell me which medications you are supposed to take each day?</p> | | | |
| <p>Dietary Questions - Tell me about the kinds of meals you typically eat each day. Do you weigh yourself daily?</p> | | | |
| <p>What can we teach you to help prevent a readmission?</p> | | | |
| <p>What did you learn from the patient?</p> | | | |