

# Prehab (hip arthroplasty) Discharge planning questionnaire

## Support

I live:

Alone

With Family or other (specify): \_\_\_\_\_

I have someone to call if I am unwell or in case of emergency?

Yes, specify: \_\_\_\_\_

No

I have arranged to go to a convalescence care facility (a privately operated retirement home that will allow for recuperation and additional care following my surgery).

Yes, specify: \_\_\_\_\_

No

I would like further information on private convalescence care facilities.  
(refer to community resources).

I will have someone to accompany me on my discharge day from the hospital.

Yes, specify: \_\_\_\_\_

No

I will have someone to stay with me the first 24-48 hours when I get home from surgery.

Family

Friend

Other (specify): \_\_\_\_\_

### After surgery do you have someone to help you:

Prepare meals?	Yes	No	With groceries?	Yes	No
Put the garbage out?	Yes	No			
Care for your pets?	Yes	No	N/A		
Clean your home?	Yes	No	N/A		
Do yard work/snow removal?	Yes	No	N/A		
Drive you to appointments and therapy?	Yes	No			
If no: Will you need ParaTranspo services?	Yes	No			

I am already a member

Please have this completed questionnaire available during your preadmission appointment.

## Home environment

### Type of dwelling:

Apartment with elevators

Apartment without elevators

Bungalow

2-storey house

House with multiple levels

Other: \_\_\_\_\_

Please indicate on which level is located each room in the house:

**1 = main floor**      **2 = 2<sup>nd</sup> level**      **3 = basement**

Living room \_\_\_\_\_ Kitchen \_\_\_\_\_

Powder room \_\_\_\_\_ Laundry room \_\_\_\_\_

Bedroom \_\_\_\_\_ Bathroom \_\_\_\_\_

In your bathroom, do you have a bathtub with shower?    Yes    No

Do you have a shower curtain?    Yes    No

Do you have a shower door?    Yes    No

Do you have a shower stall?    Yes    No

### Stairs :

How many steps to get into the house? \_\_\_\_\_    With railing    Without railing

How many steps to the 2<sup>nd</sup> floor? \_\_\_\_\_    With railing    Without railing

How many steps to the basement? \_\_\_\_\_    With railing    Without railing

Are there any steps elsewhere in the house? Specify: \_\_\_\_\_

## Equipment

Do you have the money to purchase or rent equipment?

Yes    No

Are you on...

Ontario Works?

ODSP?

Old Age Security with Supplement? (check if only source of revenue)

Check which equipment you have at home:

2 wheeled walker

4 wheeled walker

Crutches

Cane

Wheelchair

Grab bars for: Toilet    Bath

Raised toilet seat

Bath chair

Bath transfer bench

Sock aid

Reacher

Long shoe horn    Other : \_\_\_\_\_

**Do you have any additional concerns to address with the clinical staff:**

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