

*This questionnaire will assist you in identifying the essential components of a hospital discharge summary. Please mark the appropriate boxes based on your assessment of the note provided. Add any additional comments in the space provided.*

**I. Basic Elements**

The following basic elements are present:	Yes	No
date of admission.	<input type="checkbox"/>	<input type="checkbox"/>
date of discharge.	<input type="checkbox"/>	<input type="checkbox"/>
disposition location (eg, home, ECF, short-term rehab).	<input type="checkbox"/>	<input type="checkbox"/>
principal diagnosis for hospitalization.	<input type="checkbox"/>	<input type="checkbox"/>
secondary diagnoses addressed during hospitalization.	<input type="checkbox"/>	<input type="checkbox"/>
procedures performed during hospitalization.	<input type="checkbox"/>	<input type="checkbox"/>
consultants.	<input type="checkbox"/>	<input type="checkbox"/>

**II. History**

The note contains	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
a succinct summary of the key events leading to hospitalization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
the past medical history.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pertinent elements of the social history.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pertinent elements of the family history.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**III. Physical Exam**

Documented in the physical exam are	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
findings (positive or negative) pertinent to history elements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**IV. Data**

The note contains	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
pertinent (normal and abnormal) laboratory data.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pertinent results of diagnostic studies (e.g., CXR, EKG).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**V. Hospital Course**

The note contains a	<i>Strongly Agree</i>	<i>Agree</i>	<i>Neutral</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
summary statement pertaining to the principal diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
problem list that parallels the diagnoses listed above.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
separate paragraph dedicated to each problem listed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
brief discussion of the evaluation of each problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
brief discussion of the treatment of each problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
brief discussion of the outcome of each problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
specific follow-up plan for each relevant problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**VI. Discharge Plan**

A plan is outlined regarding	<i>Strongly Agree</i>	<i>Agree</i>	<i>Neutral</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
future physician's visits scheduled (or to be scheduled).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
specific studies that require follow-up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The note contains	<i>Yes</i>	<i>No</i>
a list of discharge medications (names, doses, & frequency).	<input type="checkbox"/>	<input type="checkbox"/>
mention of how information was/will be communicated to PMD.	<input type="checkbox"/>	<input type="checkbox"/>
"cc" to treating physicians.	<input type="checkbox"/>	<input type="checkbox"/>

**VII. Overall**

	<i>Strongly Agree</i>	<i>Agree</i>	<i>Neutral</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
This is an effective note.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More detail is needed in this note.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Too much detail is provided in this note.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The length of this note is appropriate for the complexity of the visit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I didn't know this patient, this note would help me care for him/her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**VIII. Additional comments or suggestions:**

**PLEASE RETURN THIS FORM TO YOUR FACULTY MODERATOR AT END OF SESSION.**