



Care Transition Measure-3 (CTM-3)

(performed 48-72 hours post-acute discharge from hospital)

Patient Identifier: _____ Date: _____

Interviewer: _____

1. The (hospital) staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left the (hospital) .

Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know/ Don't Remember/ Not Applicable
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2. When I left the (hospital), I had a good understanding of the things I was responsible for in managing my health.

Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know/ Don't Remember/ Not Applicable
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3. When I left the (hospital), I clearly understood the purpose for taking each of my medications.

Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know/ Don't Remember/ Not Applicable
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4. Have you had any difficulties since discharge from the (hospital) ?

YES NO

If Yes, explain:

PLEASE NOTE: If a patient answers “NO” to questions 2 & 3 notify manager; they need intervention to prevent readmission to the hospital.