

CARE TRANSITIONS MEASURE® (CTM-3)

Patient Name: _____ Date: _____

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**

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**

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**