

### 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**