

## Supplementary file S2

### English translation of the Japanese version of PREM modified for care provider

#### Reported experience scale of care staff who provided care to return to living arrangements in medical and rehabilitation facilities

Questions	Answers *Please encircle only <b>one answer</b> that applies best to you.			
1. Was the timing of admission to patients reasonable?	Yes		No	
2. Did you collect all the necessary information about the patient's condition or disease course from the referring care provider?	Yes	Don't know		No
3. Did you clearly state the goals of the patient care?	Yes	Don't know		No
Please describe the patient's goals. ( )				
4. Did you think about the goals of the home care through discussion with the patient?	Yes - always	Yes - sometimes		No
5. Were the room or shared area by the patient clean?	Very clean	Fairly clean		Not very clean
6. While patient's hospitalization, did the patient experience fear or other unpleasant feelings from other users or visitors?	Yes		No	
7. Did you respond thoroughly to the patient's questions?	Yes - always	Yes - sometimes	The patient had no questions	No
8. Did you feel that the patient trusted you?	Yes - always	Yes - sometimes		No
9. Was the patient involved in the care- and treatment-related decision-making to their satisfaction?	Yes		No	
10. Was the patient involved in decision-making as to when to back home?	Yes – definitely	Yes – to some extent	The patient was not need to be involved	No

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11. Did you take account of patient's family or home situation when planning going home?	Yes - definitely	Yes - to some extent	No – it did not necessary to take it into account.	No	Don't know
12. Did you sufficiently disclose information related to the patient's care to patient's family and close friends?	Yes - definitely	Yes - to some extent	The patient did not want or need them to.	No	
13. Did you discuss with the patient the need to install assistive devices or medical equipment for medical treatment at the residence?	Yes	No – it did not necessary to discuss it		No – Discussion did not possible	
14. Did you have fully discussed with the patient the need to receive other care and support after the patient is discharged/admitted.	Yes	No – it did not necessary to discuss it		No – Discussion did not possible	
15. Comprehensively, you provide care with respect to the patient during patient's hospitalization/entry.	Yes - always	Yes - sometimes	No		