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# Transfer Trauma Screening (Family)



NAME	REVIEW DATE
Admit Date	Rm #

**Transfer Trauma (FAMILY Questions)**

**Script:** It's been \_\_\_\_\_ days since \_\_\_\_\_ moved in. We want to ensure \_\_\_\_\_ stay with us is as pleasant as possible. For some people, a move like this can be a very satisfying time while others experience some unpleasantness, or even a mixture of both feelings.  
We have a few questions to get your impression of how \_\_\_\_\_ is doing.

1.) **How would you say \_\_\_\_\_ is doing with this change?** (Open ended)

2.) **Do you believe there is anything we can do to make \_\_\_\_\_ stay with us better?**  No  Yes (describe)

***Guidance:** Look for symptom related response such as: withdrawal from others, sadness, loss of appetite, changes in sleep, worry, anger, anxiety, stress, confusion, irritable bowel, feelings of not being safe etc. Don't drive the conversation, work with it and let it go where the resident takes it.*

**Considerations and Actions Taken**

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**Completed By:**

Name	Title	Credential