

*TRAUMA ASSESSMENT IN NURSING HOME RESIDENTS

This form is to be completed on residents who

Resident Name: _____

Staff Signature: _____ Date: _____

		Circle one		
1	Have you experienced a traumatic event in your life?	No	Yes	
2	Do you feel safe speaking to me today?	No	Yes	
<i>If not, how can we help you feel safer?</i>				
3	Do you feel safe being here/living here today?	No	Yes	
<i>If not, how does that affect you today?</i>				

If Resident indicated yes to trauma, indicate how he/she has been impacted:

Physically -		Circle one		<i>If you circled yes, please indicate</i>	
				Most recent episode	Approximate frequency
1	Headaches	No	Yes		
2	Stomach problems	No	Yes		
3	Rapid heart rate	No	Yes		
4	Insomnia	No	Yes		
Emotionally -		Circle one		<i>If you circled yes, please indicate</i>	
				Most recent episode	Approximate frequency
1	Restless sleep	No	Yes		
2	Anxiety	No	Yes		
3	Nightmares	No	Yes		
4	Fear of others	No	Yes		
5	Bad thoughts	No	Yes		
6	Feelings of guilt	No	Yes		
7	Difficulty adjusting to new situations	No	Yes		
Socially/Relationships -		Circle one		<i>If you circled yes, please indicate</i>	
				Most recent episode	Approximate frequency
1	Loneliness	No	Yes		
2	Withdrawal from others	No	Yes		
3	Poor self-esteem	No	Yes		
4	Limited social skills	No	Yes		

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Other -		Circle one		If you circled yes, please indicate	
				Most recent episode	Approximate frequency
1	Fear of enclosed places/spaces	No	Yes		
2	Being touched unexpectedly	No	Yes		
3	Being touched by male caregivers	No	Yes		
4	Being touched by female caregivers	No	Yes		
5	Feeling jumpy/easily startled	No	Yes		

Triggers: Reminders of dangerous or frightening things that have happened in the past.

Questions to consider:

When have you felt triggered by something in the past, what helps you?

Have you ever experienced a resident being triggered? What helped them?

Are you aware of any triggers that remind you of the traumatic event?		Circle one		Comment
1	A Noise	No	Yes	
2	A smell	No	Yes	
3	Temperature	No	Yes	
4	A situation	No	Yes	
5	Being alone	No	Yes	
6	Other:	No	Yes	

How to identify potential triggers: Help the resident consider (or practice observing) what situations she or he finds stressful or overwhelming, or reminds him or her of past traumatic experiences.

Note: Our goal in screening and assessing for possible trauma is to be made aware of it's impact on our residents, not to get our residents to share the painful, stressful details. We want to provide an environment where interactions and care are sensitive to significant life experiences of our residents. Referral to a mental health professional should be made if indicated.

*Adapted from the RFAA Foundations of Trauma-Informed Care Primer.