PULSE FOR GOOD

Trauma-Informed

Feedback Collection Toolkit

For Behavioral Health Settings

“Feedback collection that feels safe, not extractive.”

A specialized toolkit for preventing re-traumatization during anonymous feedback collection in behavioral health settings. Contains 10 ready-to-use documents covering trauma-informed language design, consent protocols, question sequencing, opt-out architecture, staff training, emotional distress response, environmental setup, grounding resources, incident documentation, and system audit.

10 Trauma-Informed Documents

Language Design • Consent • Sequencing • Staff Training • Environmental Safety

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Toolkit Contents

People in behavioral health treatment carry histories of trauma, systemic harm, institutional betrayal, and loss of agency. Asking them for feedback is an act that occurs inside that history. If the feedback experience feels coercive, invasive, clinical, or performative, it does not just fail to collect good data — it actively causes harm. This toolkit ensures the experience feels different.

DOCUMENT 1

Trauma-Informed Language Checklist for Questions

Screening every word for safety, dignity, and clarity before it reaches a vulnerable person

📋 **INSTRUCTIONS:** *Run every survey question through this checklist before deployment. A single poorly worded question can undermine the entire experience. In behavioral health, language carries institutional weight — clients are accustomed to being assessed, evaluated, and diagnosed through questions. Your feedback questions must feel fundamentally different from clinical intake.*

The Core Standard

The Client Should Never Feel Tested, Evaluated, or Diagnosed by a Feedback Question

Clinical assessments ask: “How often have you had thoughts of hurting yourself?”

Feedback questions ask: “How comfortable do you feel here?”

The difference is not just wording — it is the relationship the question establishes with the person answering it. Clinical questions assess the client. Feedback questions ask the client to assess US.

Language Review Checklist

For EVERY question on your survey, verify:

#	CRITERION	PASS?	IF IT FAILS
L1	Does the question ask about OUR performance, not the client’s condition?	☐	Reframe: The subject should be “we,” “the program,” or “staff” — not “you.”
L2	Is the question free of clinical or diagnostic language?	☐	Remove: “symptoms,” “acuity,” “compliance,” “treatment adherence,” “substance abuse.”
L3	Is the reading level at or below 5th grade?	☐	Simplify sentence structure. Replace multisyllabic words.
L4	Does the question avoid assumptions about the client’s experience?	☐	Ask about their experience HERE, not their life history.

L 5	Does the question include a “Prefer not to answer” option?	☐	Add it. No exceptions. Every question must have an exit.
L 6	Is the question free of double negatives or confusing phrasing?	☐	Read it aloud. If a native speaker pauses, rewrite it.
L 7	Does the question avoid triggering words (hurt, abuse, assault, violence, death, suicide)?	☐	Replace with: “afraid,” “uncomfortable,” “unsafe,” “unwanted contact.”
L 8	Is the question culturally appropriate for your population?	☐	Review with community advisors or peer specialists.
L 9	Does the question communicate that all answers are acceptable?	☐	If a client could feel “wrong” for answering honestly, reframe.
L 10	Would a person in crisis be able to understand and answer this question?	☐	One concept per question. Short sentences. Minimal cognitive load.

Language Transformation Examples

BEFORE (Clinical / Institutional)	AFTER (Trauma-Informed)
“Have you experienced any adverse events during your treatment?”	“Has anything happened here that made you uncomfortable?”
“Rate your compliance with your treatment plan.”	“Do you feel your treatment plan reflects what YOU want to work on?”
“Have you been the victim of any abuse while at this facility?”	“Has anyone here done something that made you feel unsafe or afraid?”
“Describe any incidents of self-harm.”	DO NOT ASK THIS IN A FEEDBACK SURVEY. This is a clinical assessment question.
“Do you have any complaints about your medication regimen?”	“Do you feel your medications are being managed safely and explained to you?”
“How would you rate the therapeutic milieu?”	“How comfortable do you feel in the spaces where you spend your time here?”

Words to Avoid / Words to Use

AVOID THESE WORDS	USE THESE INSTEAD
Victim	Person, respondent, participant
Abuse (as a noun in questions)	Unwanted contact, behavior that made you uncomfortable
Complaint	Concern, feedback, something you want us to know
Treatment adherence / compliance	Your involvement in your treatment plan

Symptoms	How you’re feeling
Disorder / diagnosis	Your experience, what you’re going through
Facility / institution	Program, this place, here
Patient	Person, client, participant
Assess / evaluate	Ask, check in, understand

DOCUMENT 2

Consent Script for BH Settings

Informed, voluntary, and psychologically safe consent for anonymous feedback participation

📋 **INSTRUCTIONS:** *In behavioral health, clients are accustomed to signing consent forms they do not understand for processes they did not choose. Your feedback consent must feel categorically different. It should be brief, honest, plain-spoken, and above all, it must make clear that participation is truly optional with no consequences for declining.*

On-Screen Consent (Kiosk Welcome Screen)

Welcome Screen Text

We'd like to hear from you.

This is a short, anonymous survey about your experience at [Program Name]. Your answers help us make this place better.

- It takes about 2 minutes.
- It is completely anonymous — no one will know what you wrote.
- You can skip any question.
- You can stop at any time.
- Nothing you say will affect your treatment or standing in the program.

There are no wrong answers. Honest feedback helps us do better.

[BEGIN] [NO THANKS]

Verbal Consent Script (When Staff Introduces the Kiosk)

SITUATION: Staff is introducing the feedback kiosk to a client for the first time

STAFF: "Hey, I wanted to let you know about something we have here. This is a feedback kiosk — it's a way for you to tell us how things are going, totally anonymously."

"It's not a test and there are no right or wrong answers. Nobody will see your name or know what you said. You can skip any question or stop anytime."

"Using it is completely up to you. It won't affect your treatment in any way — whether you use it or not. If you ever feel like trying it, it's right here."

IF THE CLIENT ASKS "Who sees the answers?"

STAFF: "The answers are grouped together with everyone else's. No one reads them looking for who wrote what. We look at the big picture to understand what's working and what we can improve."

Consent Principles for BH Settings

PRINCIPLE	WHAT IT MEANS IN PRACTICE	HOW TO VERIFY
Voluntary	No staff member should ever direct, require, assign, or incentivize a client to complete the survey.	Observe: Is any staff member telling clients "you need to do the survey"?
Informed	Client understands what it is, who sees it, and that it's anonymous before they begin.	Does the welcome screen clearly state anonymity, purpose, and voluntariness?
Ongoing	Consent is not one-time. Every question has "Prefer not to answer" and the survey can be exited.	Can a client exit mid-survey without submitting? Is skip available on every question?
Capacity-aware	Clients in acute crisis, active intoxication, or severe cognitive impairment should not be prompted.	Staff know to avoid prompting clients who are actively in crisis or impaired.
Power-conscious	Clients may feel they MUST comply. The consent must actively counteract this assumption.	Does the consent explicitly say "this will not affect your treatment"?

What Consent Does NOT Look Like in BH

⚠ These Are NOT Trauma-Informed Consent Practices

✘ Adding the survey to intake paperwork as one more thing to sign
✘ Telling clients "everyone does the survey" (creates social pressure)
✘ Having a clinician or case manager ask a client to complete it (power dynamic)
✘ Placing the kiosk in the therapist's office or treatment room
✘ Requiring survey completion before a meal, privilege, or activity
✘ Telling clients their feedback "helps others like them" (guilt-driven motivation)
✘ Using the survey as part of a group activity or community meeting

DOCUMENT 3

Question Sequencing Guide

Reducing emotional load through intentional question order

📋 **INSTRUCTIONS:** *The order of questions matters as much as their wording. A poorly sequenced survey can escalate emotional intensity without relief, or begin with the hardest question before the client has settled in. This guide establishes sequencing principles that protect psychological safety while still capturing honest, complete feedback.*

The Emotional Arc Principle

Every Survey Should Follow an Emotional Arc: Ground → Build → Explore → Land

GROUND (Questions 1–2): Start with low-stakes, easy-to-answer questions that orient the client and build a sense of control. The first question should be almost impossible to find stressful.

BUILD (Questions 3–4): Move into moderate questions about the client's experience. Reflective but not yet about safety or distress.

EXPLORE (Questions 5–6): Safety-related and more sensitive questions appear here. The client has experienced agency, seen the format is manageable, and built confidence.

LAND (Final question): End with an open-ended question giving the client control. Follow with a grounding thank-you screen. NEVER end with a distressing question.

Recommended Sequence

POSITION	QUESTION	PHASE	RATIONALE
1	How has your experience been at this program? (☹–😄)	GROUND	Broad, low-stakes, familiar. Orients the client to the emoji scale.
2	Do the staff here treat you with respect? (👎 / 👍)	GROUND	Relational and affirming. Gives the client a sense of agency.
3	Do you feel you can speak up if something bothers you? (👎 / 👍)	BUILD	Transitions into psychological safety. About the environment, not inner state.
4	Have your belongings and	BUILD	Concrete and behavioral. Does not require

	personal space been respected? (👎 / 👍)		emotional vulnerability.
5	How comfortable do you feel at this program? (☹–😄)	EXPLORE	Asks client to assess internal state. Placed after rapport-building.
6	Have you felt afraid or unsafe at any time here? (👎 / 👍 / Prefer not to answer)	EXPLORE	Most emotionally charged. Positioned at the survey's interior, never first or last.
7	Is there anything you want us to know? (Open text)	LAND	Final agency. Client chooses what to share. Maximum control.

Sequencing Rules

☐	The first question is ALWAYS low-stakes, broad, and easy to answer
☐	Safety-related questions appear in the middle third, never first or last
☐	The final question is ALWAYS open-ended, giving the client control
☐	No two emotionally charged questions appear back-to-back
☐	"Prefer not to answer" is especially prominent on EXPLORE questions
☐	The thank-you screen appears immediately after the last question
☐	Total survey does not exceed 8 questions (5 recommended) and 2 minutes

Anti-Patterns: Sequences That Cause Harm

HARMFUL SEQUENCE	WHY IT'S HARMFUL
Starting with: "Have you felt unsafe here?"	Drops client into the hardest question with no warmup. Feels like an interrogation.
Back-to-back: "Are you afraid?" then "Have you been hurt?"	Emotional escalation with no relief. Can trigger flashback or dissociation.
Ending with: "Have you experienced unwanted contact?"	Leaves the client in a distressed state with no resolution or grounding.
Demographic question after a safety question	Feels like you're trying to identify them. Destroys trust in anonymity.
Adding "Would you recommend this program?" at the end	Feels like marketing after vulnerability. Reads as performative.

DOCUMENT 4

“Opt-Out Without Penalty” Design Templates

Architecture that makes choosing not to participate feel genuinely safe and respected

📋 **INSTRUCTIONS:** *Opt-out design is not just about having a “No Thanks” button. Every element must communicate that not participating is as valid and respected as participating. For trauma survivors, the ability to say “no” and be believed is itself a therapeutic experience.*

Opt-Out Design Principle

The Test: Would a Client Who Declines Feel EXACTLY as Welcome as One Who Participates?

If a client walks past the kiosk without stopping, does any staff member notice, comment, or react?

If a client starts the survey and exits after one question, does the system respond with guilt or gratitude?

If a client presses “Prefer not to answer” on every question, does the system still thank them?

The answer to all three must be: the experience is identical in warmth and respect.

Kiosk Opt-Out Screens

Welcome Screen: Equal-Weight Options

ELEMENT	IMPLEMENTATION
Button text	“BEGIN” and “NO THANKS” — same size, same visual weight, same color family
Button placement	Side by side, not one above the other (avoids hierarchy)
Visual emphasis	Neither button is highlighted, bolded, or animated more than the other
Touch area	Both buttons have identical touch-target sizes (minimum 48x48px)

“No Thanks” Exit Screen

“No Thanks” Screen Text

That’s completely fine.

Your voice matters, and so does your choice not to share right now.

The kiosk is here whenever you’d like to use it — no pressure, no timeline.

[DONE]

Mid-Survey Exit Screen

Mid-Survey Exit Screen Text

No problem. Thanks for the time you did spend.

Whatever you shared has been recorded anonymously. Whatever you didn’t share is completely okay.

If you want to come back and finish later, you can start fresh anytime.

[DONE]

“Prefer Not to Answer” on Individual Questions

DESIGN ELEMENT	SPECIFICATION
Placement	Appears as the LAST option, visually separated from the response scale, in a muted but readable style
Visual treatment	Slightly smaller font, softer color. Visible but not drawing focus.
Interaction	Advances to the next question identically to any other response. No confirmation prompt.
No counter	The system does NOT display “You skipped 3 of 7 questions” or any guilt-inducing counter.
No follow-up	Does NOT trigger a follow-up question like “Why not?”

Staff Behavioral Opt-Out Standards

☐	Staff never ask a client “Did you do the survey?” or “How did it go?”
☐	Staff never stand near the kiosk while a client is using it or deciding whether to

☐	Staff never count or track which clients have or have not used the kiosk
☐	Staff never offer encouragement that could feel like pressure (“It only takes a minute!”)
☐	Staff never express disappointment if a client declines (“Oh, that’s too bad”)
☐	Staff always include “It’s completely up to you” when mentioning the kiosk
☐	If a client approaches the kiosk and walks away, NO staff member comments

DOCUMENT 5

Staff Training Micro-Guide on Trauma-Informed Feedback

What every staff member needs to know in 15 minutes

📋 **INSTRUCTIONS:** *Deliver this to ALL staff who interact with clients, not just clinical staff. The core concepts are simple — the challenge is consistent application, not complexity of understanding.*

Training Script (15 Minutes)

TIME	SEGMENT	SCRIPT / CONTENT
0:00–2:00	What this is	We have an anonymous feedback kiosk that lets clients tell us how their experience is going. Anonymous — no names, no logins, no way to trace it back. Clients can use it whenever they want, or not at all.
2:00–5:00	Why trauma-informed matters	Many clients have experienced trauma — including institutional trauma. Being asked questions by an institution can feel invasive or unsafe. Our job is to make sure this feels like the OPPOSITE: safe, voluntary, and respectful.
5:00–8:00	Your role: 3 things	ONE: You can mention the kiosk casually using the consent script (Document 2). TWO: You never pressure, track, or follow up on who uses it. THREE: If a client gets upset while using it, use the distress response scripts (Document 6).
8:00–11:00	What NOT to do	Don’t stand near the kiosk while someone uses it. Don’t ask “How did it go?” Don’t require it. Don’t express disappointment if someone declines. Don’t tell clients what to write. Don’t read the screen over their shoulder.
11:00–13:00	If something goes wrong	If a client becomes visibly distressed during or after the survey, respond with compassion using Document 6 scripts. If they disclose something urgent, follow the BH Client Safety Toolkit escalation protocol.
13:00–15:00	Questions and close	Key takeaway: treat the kiosk like a door. You can point it out, but you never push someone through it. And if someone walks away, that’s just as good as walking toward it.

Quick-Reference Card for Staff

Print and laminate for staff workstations:

TRAUMA-INFORMED FEEDBACK — STAFF QUICK-REFERENCE

✔ DO: Mention the kiosk casually, say “it’s completely up to you,” and leave it at that.
✔ DO: Respond with compassion if a client becomes distressed near the kiosk.
✔ DO: Follow the escalation protocol if a client discloses something urgent.

✘ DON’T: Watch, track, or follow up on who uses the kiosk.
✘ DON’T: Ask “Did you do the survey?” or “What did you write?”
✘ DON’T: Express disappointment if someone declines.
✘ DON’T: Stand near the kiosk while someone is using it.

Key phrase: “It’s here if you want to use it. Completely up to you.”

Training Completion Tracker

STAFF NAME	ROLE	DATE TRAINED	TRAINER	SIGNED

DOCUMENT 6

Emotional Distress Response Scripts

What to do when the feedback survey itself triggers emotional distress

📋 **INSTRUCTIONS:** *Even a perfectly designed survey can surface difficult emotions. The act of reflecting on safety and dignity may activate memories, grief, anger, or despair. This document prepares staff — not with clinical intervention, but with human presence, validation, and appropriate routing.*

Recognizing Distress

SIGN	WHAT IT LOOKS LIKE	SEVERITY
Tearfulness	Client is crying quietly at or near the kiosk	Low–Moderate
Agitation	Client appears angry, tense, pacing, or hitting the kiosk	Moderate
Withdrawal	Client stops mid-survey, stares blankly, or freezes	Moderate (possible dissociation)
Verbal distress	Client says “I can’t do this,” “This is too hard”	Low–Moderate
Disclosure	Client turns to staff and begins sharing a traumatic experience	Moderate–High
Visible panic	Rapid breathing, trembling, inability to speak coherently	High (panic attack / flashback)

Response Scripts by Severity

SITUATION: Low-Moderate: Client is tearful or verbally distressed

APPROACH calmly. Do NOT touch the client without permission. Speak softly.

“Hey, I can see this brought up something difficult. That makes sense — these questions can be hard.”

“You don’t have to keep going. You can stop anytime, or take a break.”

“Is there anything I can do for you right now? A glass of water? A quiet space? Or I can just sit here with you for a minute.”

IF CONTENT IS CLINICAL: Connect to counselor or on-duty clinician.

SITUATION: Moderate: Client appears dissociative or frozen

APPROACH slowly. Speak in a calm, grounding voice. Use the client's name if known.

"[Name], you're here at [Program Name]. You're safe right now. You don't have to do anything."

"Can you tell me one thing you can see right now? ... One thing you can hear?" (Grounding: orient to present.)

"There's no rush. Take your time. I'm here."

IF NO RESPONSE within 2–3 minutes or apparent flashback: Notify on-duty clinician. Stay with the client.

SITUATION: High: Client is in visible panic or acute distress

DO NOT attempt to debrief or process. This is a clinical situation.

"[Name], I'm here with you. You're safe. Let's take a breath together."

Notify on-duty clinician IMMEDIATELY. Stay with the client. Offer a quiet, private space.

Do NOT ask what happened or what they wrote on the survey.

Document per Document 9 after client is connected to clinical support.

After Any Distress Event

☐	Client has been stabilized and connected to appropriate support
☐	Client was told: "You are not in trouble. This happens sometimes. We're glad you're here."
☐	The survey was NOT completed under duress (left incomplete if client was mid-survey)
☐	Staff member debriefs with supervisor within 24 hours
☐	Incident documented per Document 9
☐	Grounding resource handout (Document 8) offered if appropriate

DOCUMENT 7

Environmental Setup Checklist

Kiosk placement, room conditions, and timing that communicate safety through the physical environment

📋 **INSTRUCTIONS:** *The environment communicates as loudly as the words on the screen. A kiosk in a clinical office says "assessment." A kiosk in a common area with staff watching says "monitored." A kiosk in a semi-private, comfortable, client-controlled space says "this is yours."*

Kiosk Placement

CRITERION	STANDARD	STATUS
Privacy	Client can use the kiosk without screen being visible to staff or other clients	☐ Met
Proximity to staff	NOT in the direct sightline of a staff workstation, front desk, or clinical office	☐ Met
Proximity to exits	Client can leave without walking past staff or through a bottleneck	☐ Met
Sound privacy	Enough ambient sound or distance that crying is not overheard	☐ Met
Physical comfort	A chair is available for clients who cannot stand (mobility, fatigue, medication effects)	☐ Met
Lighting	Well-lit but not harsh. Avoid fluorescent-only if possible.	☐ Met
Signage	Clear signage: anonymous, voluntary, 2 minutes, no effect on treatment	☐ Met
Grounding resources	Post-Survey Grounding Handout (Document 8) displayed or available nearby	☐ Met
Crisis resources	988 Lifeline number and local crisis line posted within view	☐ Met

Timing

TIMING PRINCIPLE	RATIONALE	IMPLEMENTATION
Avoid immediately after intake	Clients are overwhelmed and not yet oriented.	Available 48+ hours after admission (residential); after 2nd visit (outpatient).
Avoid during	Altered cognition, mood, or	Clinical team flags clients in active

medication changes	energy.	adjustment; staff does not prompt.
Avoid during/after crisis events	A recently restrained or de-escalated client should not be prompted.	Never suggest the kiosk within 24 hours of a critical incident involving that client.
Offer during stable, routine periods	Client is settled, in normal routine, not in acute distress.	Accessible during common area free time, between groups, or visiting hours.
Avoid immediately before discharge	Pressure to give positive feedback to secure discharge recommendations.	Not positioned as a “check-out” activity.

Environmental Safety Audit

Walk the kiosk area and answer each question honestly:

☐	Can a client reach the kiosk without being observed by staff?
☐	Can a client use the kiosk without another client reading their screen?
☐	Can a client leave the kiosk area discreetly if they become upset?
☐	Is the kiosk in a space clients already use voluntarily (not clinical/administrative)?
☐	Is the kiosk height and angle accessible for clients in wheelchairs?
☐	Is the temperature in the kiosk area comfortable?
☐	Is the kiosk area free from surveillance cameras that could identify respondents?
☐	Has the kiosk area been reviewed by a peer specialist or client advisory group?

DOCUMENT 8

Post-Survey Grounding Resource Handout

A take-away that acknowledges the emotional weight of honest feedback and provides immediate comfort

📋 **INSTRUCTIONS:** *This handout is designed to be printed on card stock and placed near the kiosk, or displayed as the final screen. It is NOT a clinical intervention — it is a gentle acknowledgment that reflecting on your experience can stir things up, and a reminder that support is available.*

On-Screen Version (Final Survey Screen)

Thank-You and Grounding Screen

Thank you for sharing.

What you said matters, and it takes courage to be honest.

If this brought up difficult feelings, that's okay. Here are some things that can help right now:

- Take a slow breath. In for 4, hold for 4, out for 4.
- Notice 3 things you can see, 2 things you can hear, 1 thing you can touch.
- Get a glass of water or step outside for a minute.
- Talk to any staff member — you don't have to explain why.

If you need to talk to someone right now:
988 Suicide & Crisis Lifeline — call or text 988, anytime.

You are not alone. We are listening.

Printed Handout Version

Print on card stock (4″ x 6″ or 5″ x 7″) and place in a holder near the kiosk. Clients can take one if they want.

AFTER SHARING: A Grounding Guide

You just took time to share your experience. That matters.

If you're feeling stirred up, that's normal. Here are some quick ways to settle:

BREATHE: Slow breath in (count to 4). Hold (count to 4). Slow breath out (count to 4). Repeat 3 times.

GROUND: Look around. Name 5 things you can see. 4 you can touch. 3 you can hear. 2 you can smell. 1 you can taste.

MOVE: Stand up. Stretch. Walk to a window or step outside for a moment.

CONNECT: Talk to any staff member, or call 988 anytime.

You don't have to explain what you wrote. You can just say "I could use some support right now." That's enough.

Handout Design Specifications

ELEMENT	SPECIFICATION
Size	4″ x 6″ or 5″ x 7″ card stock
Paper weight	80lb cover stock or heavier (should feel substantial, not flimsy)
Font	Lato or similar sans-serif, 11–12pt body, 14pt headers
Color	Soft, warm colors. Avoid clinical white. Light sage, warm cream, or soft blue.
Branding	Minimal. Small program logo. The client should feel this is for THEM.
Placement	Free-standing card holder near (not on) the kiosk. Clients take one if they want.
Languages	Print in all languages spoken by >10% of your client population
Lamination	Do NOT laminate — should feel personal and take-away, not institutional

DOCUMENT 9

Incident Documentation Guidance

Recording when the feedback collection process itself causes distress or harm

📋 **INSTRUCTIONS:** *This covers a specific type of incident: harm that occurs BECAUSE of the feedback collection process, not harm REPORTED through it. If a client becomes distressed while using the kiosk or has an adverse reaction to a question, that is a process-related incident that must be documented to improve the system.*

When to Document

DOCUMENT THIS	DO NOT DOCUMENT THIS
Client became visibly distressed while using or immediately after using the kiosk	Client reported a concern about treatment through the survey (safety finding, not process incident)
Client experienced dissociative episode, flashback, or panic triggered by the survey	Client complained the survey was too long or boring
Client expressed anger or distress about being asked to participate	Client declined to use the kiosk (normal opt-out, not an incident)
Staff pressured a client to complete the survey	Staff casually mentioned the kiosk with no pressure
A specific question was identified as triggering by a client	Client found a question confusing (report for revision, not as an incident)

Process Incident Report Form

FIELD	YOUR CONTENT
Incident ID	PI-YYYY-MM-DD-###
Date and time	
Location (which kiosk / site)	
Reported by (staff name and role)	
Description of what happened	[Factual: what the client did, said, or experienced. No speculation about cause.]
Which survey question was the client on (if known)?	
Client's visible state	[Tearful / Agitated / Dissociative / Panicked / Angry / Other]

Immediate staff response	[What staff did, in what order]
Was clinical staff notified?	Y / N — Name and time
Was the client stabilized?	Y / N — describe
Was the grounding resource offered?	Y / N
Outcome	[Resumed activities / Chose to leave / Connected to clinician / Other]
Potential contributing factors	[Question wording, environment, timing, clinical state, staff interaction]
Recommended system changes	[Question revision, placement change, timing adjustment, training]
Completed by	[Name, role, date]
Reviewed by	[Supervisor, date]

Using Process Incidents to Improve the System

☐	Was the incident caused by a specific question? Revise per Document 1.
☐	Was the incident caused by the environment? Modify per Document 7.
☐	Was the incident caused by timing? Adjust per Document 7 timing guidelines.
☐	Was the incident caused by staff behavior? Retrain per Document 5.
☐	Was the incident caused by a consent gap? Strengthen per Document 2.
☐	Has this type of incident occurred before? Add to the Trauma-Informed Audit (Document 10).
☐	Did staff response follow the Distress Response Script (Document 6)? If not, retrain.

DOCUMENT 10

Trauma-Informed Audit Worksheet

Evaluating whether your entire feedback system meets trauma-informed standards

📋 **INSTRUCTIONS:** *Complete this audit annually, after any process incident (Document 9), or when onboarding a new site. Invite a peer specialist, client advisory member, or external trauma-informed care consultant to participate if possible.*

Audit Scoring

SCORE	MEANING
1 — Not Trauma-Informed	This element could actively cause harm or re-traumatization.
2 — Minimally Addressed	Some awareness, but significant gaps remain.
3 — Partially Implemented	Practices exist but are inconsistent or incomplete.
4 — Mostly Trauma-Informed	Practices are consistent with minor gaps.
5 — Fully Trauma-Informed	Meets best-practice standards; reviewed by client advisors.

Domain 1: Language & Question Design

ITEM	STANDARD	SCORE	NOTES
1.1	All questions pass the Language Checklist (Document 1)		
1.2	No clinical or diagnostic language in any question		
1.3	All questions at or below 5th-grade reading level		
1.4	Triggering words avoided or replaced with behavioral language		
1.5	Every question includes “Prefer not to answer”		

1.6	Questions reviewed by peer specialists or client advisors		

Domain 2: Consent & Voluntariness

ITEM	STANDARD	SCORE	NOTES
2.1	On-screen consent states: anonymous, voluntary, no effect on treatment		
2.2	Staff verbal consent follows Document 2 script		
2.3	No client ever required, assigned, or incentivized to complete survey		
2.4	Clients in acute crisis or impaired states are not prompted		
2.5	Consent explicitly says “You can skip any question and stop anytime”		

Domain 3: Question Sequencing & Flow

ITEM	STANDARD	SCORE	NOTES
3.1	Survey follows Ground → Build → Explore → Land arc		
3.2	Safety questions in middle third, never first or last		
3.3	No two emotionally charged questions back-to-back		
3.4	Final question is open-ended, giving client control		
3.5	Total survey ≤2 minutes and ≤8 questions		

Domain 4: Opt-Out Architecture

ITEM	STANDARD	SCORE	NOTES
4.1	“No Thanks” button equal in size/weight to “Begin”		
4.2	Exit screens are warm and affirming		

4.3	Mid-survey exit is possible and respectful		
4.4	No completion counter or guilt-inducing progress bar		
4.5	Staff do not track or comment on who opts out		

Domain 5: Environment

ITEM	STANDARD	SCORE	NOTES
5.1	Kiosk in semi-private location not observed by staff		
5.2	Client can leave kiosk area discreetly		
5.3	Grounding resources and crisis numbers visible nearby		
5.4	Kiosk is accessible (wheelchair, low visual complexity)		
5.5	Kiosk not in clinical or administrative space		
5.6	No surveillance cameras can identify kiosk users		

Domain 6: Staff Practice

ITEM	STANDARD	SCORE	NOTES
6.1	All client-facing staff completed 15-minute training (Document 5)		
6.2	Staff use verbal consent script consistently		
6.3	No observed pressure, monitoring, or tracking by staff		
6.4	Staff know the distress response scripts (Document 6)		
6.5	Staff never reference specific feedback content with clients		

Domain 7: Distress Response & Safety Net

ITEM	STANDARD	SCORE	NOTES
7.1	Distress response scripts known to all staff in kiosk area		
7.2	On-duty clinician can respond within 5 minutes		
7.3	Grounding handout (Document 8) available and stocked		
7.4	Process incidents (Document 9) documented and reviewed		
7.5	Thank-you / closing screen includes grounding content		

Scoring Summary

DOMAIN	MAX	YOUR SCORE	% SCORE
1. Language & Question Design	30		
2. Consent & Voluntariness	25		
3. Question Sequencing & Flow	25		
4. Opt-Out Architecture	25		
5. Environment	30		
6. Staff Practice	25		
7. Distress Response & Safety Net	25		
TOTAL	185		

TOTAL SCORE	ASSESSMENT	ACTION
165–185	Exemplary	Maintain. Share as model for other sites.
140–164	Trauma-Informed	Strong. Address any items scored 1–2.
110–139	Developing	Multiple gaps. Prioritize Consent and Environment.
80–109	Significant Gaps	Risks causing harm. Pause and address.
<80	Not Trauma-Informed	Halt collection. Redesign with trauma-informed consultation.

Action Plan

LOWEST-SCORING ITEMS	SCORE	ACTION NEEDED	OWNER	DEADLINE

Sign-Off

Audit completed by: _____ Date: _____

Peer specialist / client advisor: _____ Date: _____

Clinical director acknowledgment: _____ Date: _____

End of Toolkit

Feedback collection that feels safe, not extractive.

For implementation support, contact your Pulse For Good account manager or visit pulseforgood.com

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