

Cross-Shift Handoff Communication Feedback Form

Your Name

Your Role

Date of Handoff

Shift

Handoff Given To

Handoff Received From

Clarity of Information

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

Completeness of Handoff

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

Relevance of Information

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

Strengths of Handoff Communication

Areas for Improvement

Additional Comments