UNYTE-ILS SSP INTAKE FORM
For Clients Aged 13-18

An Invitation for a Conversation about your Nervous System:

As we start to consider the delivery of SSP for you, it will be helpful if you could please answer the following questions as honestly as you can. Please be assured that the information you share with me is confidential.

This form will help me to learn a little more about you - and maybe you'll learn a little more about yourself too. There are no rights or wrongs here. Instead, it is designed to give me more information about your current circumstances. You will see that there are two sections to this form for you to complete: one for you to share details about your experiences in life, and the other about resources available to you.

The details you share with me will help us work together to explore what will be the best way to move forward in your SSP journey. It's best if you don't spend too much time considering how to answer each question since your initial response is often the most helpful. There are spaces for you to write more information that you think may be helpful for me to know.
Questions and Conversation Topics

YOUR EXPERIENCE:

1. **Sensitivity to sound**
   Check all that apply and provide details:

   - [ ] Some frequencies or volumes of sound are uncomfortable for me; I dislike noisy places
   - [ ] Some specific sounds are irritating or feel unbearable and I feel the need to escape them
   - [ ] Even though I can hear what someone says, sometimes I have difficulty understanding what I have heard
   - [ ] Sometimes I have a hard time focusing on what someone is saying when there is a lot of background noise

   - [ ] Other: ________________________________________________________________

   Details:

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

2. **General sensory sensitivity**
   Check all that apply and provide details:

   - [ ] Certain clothing and textures are irritating
   - [ ] Certain tastes are overwhelming
   - [ ] Some smells are too much for me
   - [ ] Sometimes, I have trouble sensing where my limbs are in space
I get car sick easily

Light can bother my eyes sometimes

It can be difficult sometimes to adjust to certain sensations

Other: ________________________________________________________________

Details:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

3. Previous listening therapy:
   a. Have you completed the Safe and Sound Protocol (SSP) before?

      YES / NO

      If yes, what was your experience like?

      ________________________________________________________________

      ________________________________________________________________

      ________________________________________________________________

   b. Have you had any other listening therapies before?

      YES / NO

      What was the therapy and how was your experience?

      ________________________________________________________________

      ________________________________________________________________

      ________________________________________________________________

   c. How does music affect you generally? Does it usually make you feel more calm or more hyped up and aggravated?

      Calming, Grounding

      Aggravating, Irritating

      ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
d. More about your experience with music:
   
i. Do you like to listen to music?
   ____________________________________________________________
   ____________________________________________________________

ii. How often do you listen to music?
    ____________________________________________________________
    ____________________________________________________________

iii. What type of music do you like?
     ____________________________________________________________
     ____________________________________________________________

iv. Are there times when you’d rather have it be quiet?
     ____________________________________________________________
     ____________________________________________________________

Do the answers to the questions above change based on your mood or how you feel? Examples are: how tired you are, what kind of mood you’re in, or even the time of day.
Details
   ____________________________________________________________

4. Nervous system pathways
   When you run into difficult situations, it’s normal to quickly move out of feeling balanced and social into feeling a bit out of control.

   There are two general types of reactions or ways of coping with uncomfortable situations and people usually tend to move towards one more than the other. These two types are:
   
   - The red (fight or flight) pathway
   - The blue (shutting down) pathway
   
   To help you decide which pathway is more common, please circle the feelings or behaviors that match up best for you. Even though some of these words or
actions may have a negative tone, both pathways are important and valuable support to you.

In the red (fight or flight) pathway you might feel:

<table>
<thead>
<tr>
<th>Worried</th>
<th>Jittery/jumpy</th>
<th>Unable to relax</th>
<th>Unable to take things easily</th>
<th>Cranky</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cautious</td>
<td>Impulsive/reactive</td>
<td>Short-tempered</td>
<td>Inflexible</td>
<td>“Boiling” feelings</td>
</tr>
<tr>
<td>Consumed by racing thoughts</td>
<td>Heart beating fast</td>
<td>Rapid breathing</td>
<td>Unable to Focus</td>
<td>Too much energy</td>
</tr>
</tbody>
</table>

Other: __________________

In the red (fight or flight) pathway you might show the following behaviors:

<table>
<thead>
<tr>
<th>Becoming frustrated easily</th>
<th>Being argumentative</th>
<th>Resisting others' suggestions</th>
<th>Pushing boundaries</th>
<th>Biting, hitting, throwing</th>
<th>Fidgety/constant movement</th>
<th>Sticky thoughts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling bursts of anger &amp; hostility</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Impulsive decisions or actions</td>
</tr>
<tr>
<td>Over-reactive responses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walking or running away from situations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other: ________________
In the blue (shutting down) pathway you might feel:

<table>
<thead>
<tr>
<th>Low</th>
<th>Shut down</th>
<th>Shame</th>
<th>Numb</th>
<th>Overwhelmed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frozen</td>
<td>Sad</td>
<td>Depressed</td>
<td>Lifeless</td>
<td>Sluggish</td>
</tr>
<tr>
<td>Heavy</td>
<td>Isolated</td>
<td>No or slow energy</td>
<td>Want to curl up &amp; hide</td>
<td>Avoidant</td>
</tr>
<tr>
<td>Withdrawn</td>
<td>Disconnected</td>
<td>Unreachable</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other: __________________

In the blue (shutting down) pathway you might show the following behaviors:

<table>
<thead>
<tr>
<th>Disengaging or fading away</th>
<th>Low muscle tone</th>
<th>Seeming to not hear what others say</th>
<th>Hiding or shrinking</th>
<th>Letting others speak for them</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slumped posture</td>
<td>Low curiosity/ lack of playfulness</td>
<td>Drowsy/tired</td>
<td>Retreating from social connection</td>
<td>Avoiding eye contact</td>
</tr>
<tr>
<td>Recoiling from touch</td>
<td>Giving up</td>
<td>Giving in</td>
<td>Unhealthy digestion</td>
<td>Flat facial expression &amp; monotone voice</td>
</tr>
</tbody>
</table>

Other: __________________

a. When reacting to difficult situations I tend more toward:

The red (fight or flight) pathway

The blue (shutting down) pathway
In contrast to the two defensive states above, when you are at rest, feeling comfortable, and cues of safety outweigh any cues of danger in your environment, you may be in a ventral vagal state where you can be socially engaged, calm, have impulse control, and generally experience feelings of wellbeing.

**In a ventral vagal calm state, you might feel:**

<table>
<thead>
<tr>
<th>Safe</th>
<th>Alert</th>
<th>Proud</th>
<th>Interested</th>
<th>Curious</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calm</td>
<td>Content</td>
<td>Engaged</td>
<td>In control</td>
<td>Trusting</td>
</tr>
<tr>
<td>Willing</td>
<td>Accessible</td>
<td>Accepting</td>
<td>Ready to participate</td>
<td>Comfortable</td>
</tr>
<tr>
<td>Attuned</td>
<td>Connected</td>
<td>Confident</td>
<td>Cared for</td>
<td>Grateful</td>
</tr>
</tbody>
</table>

Other things you might feel:
_____________________________________________________________

**In a ventral vagal calm state, you might exhibit the following behaviors:**

<table>
<thead>
<tr>
<th>Engaged and aware</th>
<th>Cooperative</th>
<th>Interest in exploring</th>
<th>Advocating &amp; doing things for yourself</th>
<th>Speaking your mind</th>
</tr>
</thead>
<tbody>
<tr>
<td>Connected, but loose in your body</td>
<td>Curious and playful</td>
<td>Ready to learn</td>
<td>Interested in social connection</td>
<td>Maintaining eye contact</td>
</tr>
<tr>
<td>Affectionate</td>
<td>Wanting to do things for yourself</td>
<td>Perseverance</td>
<td>Healthy digestion</td>
<td>Good facial expression &amp; vocal prosody</td>
</tr>
</tbody>
</table>

Other: _____________________________________________________

b. I have experienced feeling safe and being in a ventral vagal state and can relate to these descriptors.

<table>
<thead>
<tr>
<th>Agree</th>
<th>Unsure</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>🟠</td>
<td>🟠</td>
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</table>
WHAT IT’S LIKE FOR YOU

5. Please answer the following to describe your current home environment:

   a. General feeling at home
      Calm               Chaotic
      ○ ○ ○ ○ ○ ○ ○ ○

   b. Noise levels at home
      Peaceful, Quiet   Frenzied, Loud
      ○ ○ ○ ○ ○ ○ ○ ○

   c. People in your home
      Supportive        Unpredictable
      ○ ○ ○ ○ ○ ○ ○ ○

Details
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

6. Access to support from others:

   a. Will a reliable, caring adult be able to support your experience with the SSP?

      YES / NO

      Who will this be?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
b. Will you have access to the same quiet space without interruptions for the SSP listening sessions?

YES / NO

Describe the space where you can do the listening
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

c. Will you feel comfortable sharing how you feel with your parents or other caring adults in your life?

YES / NO

Describe
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

d. Are the relationships you have with the people in your life generally positive and supportive?

YES / NO

Please explain
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

7. Do you have access to things you can do that make you feel good?

Check all that apply:

☐ Nature, open spaces, park, or yard

☐ Pet
☐ Sports, play, dance, gymnastics, biking, climbing

☐ Simple breathing exercises, mindfulness or guided imagery, yoga

☐ Singing or playing a wind instrument (like a flute or trumpet)

☐ Creative activities such as art, drama, or music (other than singing or wind instruments)

☐ Other: ____________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________

8. **Are there any current stressful or upsetting events in your life or do you know of any that are coming up?**

   Please provide details of any events happening or expected in the next few weeks or months so these can be considered. Examples are: exams, change of school or teacher, recent or upcoming move, friendship stress or trouble with peers, illness, a new sibling, or recent loss of a family member or pet.

   In general, how would you describe your and your family’s current situation and experience? Does your life and world feel comfortable?

   Comfortable        Unsettled
   ___________        ___________

   Details
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________
9. Do you have a willingness to engage and participate fully in the process of listening to the SSP with me as your provider?

I'm all in

I'm not so sure

Comments

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________