UNYTE-ILS SSP INTAKE FORM
For Adult Clients

Client: ___________________
Provider: ___________________
Date: ___________________

An Invitation for an Autonomic Conversation:

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.

As you will see, this is different from more traditional assessments or intake forms you may have experienced in the past. 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, 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 is usually better if you don’t spend too much time considering how to answer each question, as your initial response is often the most helpful to share. There are spaces for you to write more information that you think may be relevant or helpful for me to know.
Questions and Conversation Topics

CLIENT EXPERIENCE:

1. **Sound sensitivity**
   Check all that apply and provide details:
   - [ ] **Auditory hypersensitivity/hyperacusis** - certain frequencies of sound are strongly disliked; noisy environments are avoided
   - [ ] **Misophonia** - specific sounds have to be avoided or feel unbearable
   - [ ] **Auditory Processing Disorder** - hearing is normal but processing and understanding what is heard is compromised
   - [ ] **Difficulty hearing speech when there is 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
   - [ ] Extreme response to certain smells
   - [ ] Difficulty knowing where limbs are in space
   - [ ] Extreme motion sickness
   - [ ] Hypersensitivity to light
   - [ ] Inability to accommodate and adjust to certain sensations
   - [ ] Other: _______________________________________________________________

   Details:
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
3. Prior listening experience:
   a. Prior completion of the SSP?
      YES / NO
      Please describe your previous experience with the SSP:
      ____________________________________________________________
      ____________________________________________________________
      ____________________________________________________________

   b. Prior listening therapies?
      YES / NO
      Describe the therapy and your experience:
      ____________________________________________________________
      ____________________________________________________________
      ____________________________________________________________

   c. How does music affect you generally?
      Calming, Grounding
      Aggravating, Irritating
      [Circle options]

   d. More about your experience with music:
      i. How do you engage with music in your life?
         ____________________________________________________________
         ____________________________________________________________
ii. Do you listen to music often?

_________________________________________________________________

_________________________________________________________________

iii. What type of music do you like?

_________________________________________________________________

_________________________________________________________________

iv. Are there times when you prefer silence?

_________________________________________________________________

_________________________________________________________________

*How do the above vary depending on how you feel? It may be helpful to consider your level of tiredness, your emotional state, the time of the day.*

Details

_________________________________________________________________

_________________________________________________________________

4. **Nervous system tendency**

When reacting to distressing events in our lives (become dysregulated or destabilized), it is normal for us to quickly move out of a restful (ventral vagal) state of social engagement and connection, and into a survival state.

There are two general types of survival responses or defensive states and we usually tend to move towards one more than the other. The two states are:

- Activation/mobilization (sympathetic hyper-arousal)
- Shutdown/immobilization (parasympathetic, dorsal vagal hypo-arousal)

Please use the lists of descriptors below to help you consider which you tend more toward.

*Please note that while these descriptors may have a negative tone, both states are important and valuable supports of the body. You may find it helpful to circle the words and behaviors that apply to you.*
In sympathetic hyper-arousal you might feel:

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Anxious</td>
<td>Agitated</td>
<td>Restless</td>
<td>Tense</td>
<td>Irritable</td>
</tr>
<tr>
<td>Hypervigilant</td>
<td>Impulsive</td>
<td>Uptight</td>
<td>Rigid</td>
<td>Rage</td>
</tr>
<tr>
<td>Consumed by racing thoughts</td>
<td>Racing heart</td>
<td>Rapid breathing</td>
<td>Unable to focus</td>
<td>Too much energy</td>
</tr>
<tr>
<td>Reactive</td>
<td>Stressed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td>___________</td>
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</table>

In sympathetic hyper-arousal you might exhibit the following behaviors:

<p>| | | | | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Quick to become frustrated</td>
<td>Use of loud voice</td>
<td>Name calling or making accusatory remarks</td>
<td>Fidgety/constant movement</td>
<td>Intrusive thoughts</td>
</tr>
<tr>
<td>Frequent bursts of anger or hostility</td>
<td>No time or patience to make conversation</td>
<td>Confrontational or controlling</td>
<td>Angry or aggressive behavior</td>
<td>Impulsive decisions or actions</td>
</tr>
<tr>
<td>Over-reactive responses</td>
<td>Loss of patience</td>
<td>Panic attacks</td>
<td>Perseverative thoughts</td>
<td>Feeling defensive</td>
</tr>
<tr>
<td>Other:</td>
<td>___________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other: ________________
In dorsal vagal hypo-arousal 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>Alone</td>
<td>Hopeless</td>
<td>Unreachable</td>
</tr>
<tr>
<td>Other: __________________</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In dorsal vagal hypo-arousal you might exhibit the following behaviors:

<table>
<thead>
<tr>
<th>Zoning out</th>
<th>Feeling outside of awareness</th>
<th>Withdrawing from connection</th>
<th>Hiding or shrinking</th>
<th>Letting others speak up and lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collapsed posture</td>
<td>Shutdown behavior</td>
<td>Depleted of energy</td>
<td>Socially isolating</td>
<td>Averting eye contact</td>
</tr>
<tr>
<td>Avoiding touch</td>
<td>Giving up</td>
<td>Giving in</td>
<td>Unhealthy digestion</td>
<td>Flat facial expression &amp; monotone voice</td>
</tr>
<tr>
<td>Other: ________________</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

a. After comparing the feelings and behaviors of sympathetic activation and parasympathetic dorsal vagal shutdown, when reacting to distressing events I tend more toward:

- Sympathetic hyper-arousal (activation/mobilization)
- Dorsal vagal hypo-arousal (shutdown/immobilization)
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 and secure</th>
<th>Alert</th>
<th>Confident</th>
<th>Ready to participate</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>Interested</td>
<td>Thoughtful</td>
</tr>
<tr>
<td>Attuned</td>
<td>Connected</td>
<td>Joyful</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>Open to new ideas</th>
<th>Advocating &amp; doing things for yourself</th>
<th>Speaking your mind</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling 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.
CLIENT RESOURCES

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

Please share any details about your home environment
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

6. Access to support (co-regulation) from others and for yourself (self-regulation):

a. Do you have a reliable, caring person at or close to home who could support you during your SSP journey?
   YES / NO

Who will this be?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
b. Will you have access to the same quiet space for your SSP listening sessions during remote delivery, and will your privacy in these sessions be respected?

**YES / NO**

Describe________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

c. Will you have access to a peaceful, supportive environment to practice self-regulation between sessions and after completing SSP?

**YES / NO**

Describe________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

d. Are your relationships with the people in your life generally supportive?

**YES / NO**

Describe________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
7. **Access to other nurturing and supportive resources (self-regulation):**

Check all that apply:

- Nature, open spaces, plants you care for in your home or garden, even a nice view you regularly appreciate from your window
- Pet
- Body awareness/movement practice (such as a sport, regular exercise routine, dance, regular walking...)
- Yoga, meditation or spiritual practice
- Breathing exercises, singing in a choir, playing a wind instrument
- Creative activities such as art, drama, or music (other than singing or wind instruments)
- Other: ____________________________________________________
  ________________________________________________________
  ________________________________________________________

8. **Although there is always the possibility of unforeseen circumstances, it is helpful to know if there are any significant events likely to happen in your life which may have an impact on your ability to benefit from SSP. It is helpful to be aware of these in advance, if possible, so they can be factored into the timing of SSP delivery for you.**

Please provide details of any events happening or expected in the next few weeks or months so these can be considered. Examples are: job stress, exams, medical procedures or operations, house move, recent bereavement, or life change.

**Details and comments**

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
In addition to considering your current personal circumstances, it is also helpful to reflect on the larger world and how current events and the background situation (i.e. weather, politics, crime, contagious diseases...) may be affecting you. Does your life and world feel comfortable?

<table>
<thead>
<tr>
<th>Comfortable</th>
<th>Unsettled</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1" alt="Comfortable options" /></td>
<td><img src="image2" alt="Unsettled options" /></td>
</tr>
</tbody>
</table>

9. **Before starting your SSP journey it is important you understand that this is a process you are engaging in for yourself and you will have the opportunity to learn new ways to help you stay more steady and regulated in the future. Although the listening is passive, the work to sustain the experience is intentional, and requires active engagement from you throughout.**

Do you have a willingness to engage and participate fully in the process with me as your SSP provider, and understand that the SSP is not a quick fix, or a stand-alone therapy?

<table>
<thead>
<tr>
<th>I’m all in</th>
<th>I’m skeptical</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image3" alt="I’m all in options" /></td>
<td><img src="image4" alt="I’m skeptical options" /></td>
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</table>

Comments

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________