

**Commitment to YOURSELF**

**Pre-Assessment & Self-(re)Discovery**

**Worksheet Packet:**

**YOUR Commitment to YOURSELF**

**Your Commitment to This Program Includes:**

* Showing up fully ready and on time for your scheduled session. The results of our work are cumulative and your consistency and follow through will create the best possible outcome for you. **NOTE**: **If for some reason you need to reschedule your session, please extend the courtesy of giving your CRUSADES 22 facilitators a 48-hour notice.**
* Being authentic, honest and willing to speak your truth. Please remember to share feedback about what works or what doesn’t work for you. If there is a more effective way we can assist you, we would like to hear your thoughts.
* Being kind to yourself and giving yourself permission to be okay when you don’t know all the answers. Allowing yourself to get ‘messy’ creatively, letting go of all those blocks and old patterns of behavior that may hold you back from moving forward.
* The willingness to stretch beyond your current experience and trying new things.
* Giving yourself wholehearted permission to be YOU. Allow yourself the gift and permission to show compassion, love, care and a willingness to forgive yourself.
* Celebrating yourself and the wins, shifts, accelerations, and forward momentum that you experience.
* Allow the experience of cultivating and (re)Discovering your truest self.

**CRUSADES 22 commitment to you includes:**

* We believe in you and your innate ability to achieve your vision of your goals and success.
* Being kind and patient, so you know you always have a safe place to express who and where you are in your process. We will also share the effectiveness of discipline and belief to achieve what you want. We will mentor you to practice your practice.
* Keeping you focused on your goals – and holding you accountable for either taking the action steps you agree to or helping to refine those steps to capture greater effectiveness in the program.
* Guiding you to find solutions to any challenges that may present themselves.
* Being honest with you, ALWAYS.
* Caring deeply about you and your success.
* Holding space for and reminding you that you are already whole and complete, and that your goals are already attainable with infinite possibilities and choices available to you at all times.
* Helping you expand your vision to the larger picture, opening you up to new perceptions and perspectives.

**NOTE: We reserve the right to pull any services due to lack of commitment and follow through. We are here to support you and help you down this path, and in order for us to be as effective as we can be for you – YOU MUST COMMIT TO YOURSELF.**

We want you to cultivate love, kindness and compassion towards yourself. We want YOU to elevate your experience, tapping into your true self and sharing your unique gifts and talents with yourself, your family and the universe. We want you to prosper and live a fulfilled and abundant life. We look forward to partnering with you to help you *(re)Define Yourself*, manifesting your purpose, intentions, goals and freedom. Welcome to your *(r)Evolution of SPIRIT*.

In times of personal crisis and/or emergency, i.e.: you’re having thoughts of harming yourself and/or others; suicide ideation, or feeling the need to abuse substances, please call your Veteran’s Crisis Hotline at: 1-800-273-8255 or call 911 for local first responder assistance.

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Print Name (please print legibly):

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Sign Here:

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Date:

**Pre-Assessment and Self-(re)Discovery**

**Worksheet:**

Thank you for your making the effort to complete this portion of your packet, the Pre-Assessment & Self-(re)Discovery Worksheet.

This document has been generated to empower CRUSADES 22 to design the most appropriate and most supportive program for YOU. We will utilize this assessment to measure CRUSADES 22 effectiveness and our programming’s direct impact as we support you on your path to healing and your newest phase of self-(re)discovery.

**Please answer EVERY question as thoroughly and as honestly as possible; this will help us help you.**

**PLEASE TYPE your responses.**

Your responses will be held in the strictest of confidence by myself (Brian K. Hillard, Executive Director – CRUSADES 22) and select core team members at CRUSADES 22; all here to support and guide you in your newest mission of self-care and compassion.

Please note, Limits of Confidentiality will be exercised and your rights to your confidentiality considered waived if you express to anyone associated with CRUSADES 22 a desire to harm yourself or to do harm to others. CRUSADES 22 will share this information with the appropriate people on your care team immediately.

**NOTE:** **In the spirit of efficiency and because sometimes handwriting can be difficult to translate and decipher; please TYPE your responses directly into this document. After you have completed your worksheet, when saving, place your name at the front of *Pre-Assessment & Self-(re)Discovery Worksheet*, hit *save as*; saving your completed worksheet to either your desktop or documents folder. Please email competed form back to me, as we at CRUSADES 22 will be keeping all files electronically. Thank you.**

**PERSONAL INFORMATION**

**Today’s Date:**

**Name:**

**Contact information**

**Phone Number:**

**Email Address:**

**Mailing address**

**Street:**

**City:**

**State:**

**Zip:**

**Your Birthdate:**

**SERVICE EXPERIENCE**

**Current (if applicable; first responder duties; Police Dept., Fire Dept., Emergency Services):**

**Prior:**

**MOS/Service Description:**

**Deployment Dates and Location(s):**

**Discharge Date:**

**ADDITIONAL INFORMATION**

1. **Do you have a Disability Rating? If yes, will you please describe?**
2. **Please describe any health concerns, current pain, physical disabilities or physical challenges, chronic or otherwise that you experience.**
3. **Please share with us any medications that you currently are prescribed. Please list medications and supplements and frequency of use.**
4. **Have you sought out any type of counseling or any other services to help yourself in the past – through the V.A., or otherwise? If yes, please share with us any beneficial outcomes, or describe any limitations that these services did not provide to you and why they were not effective. Again, please answer as thoroughly and as honestly as possible. Thank you.**

The next group of questions have been designed to provide CRUSADES 22 with the information needed to create your ***Care Team Unit*** and overall ***New Mission Protocols*/*Program Objectives***.

For questions 1-6, highlight the bulleted descriptor that best describes your *average experience* and state-of-being after your leaving the military. And please, in your own words, share with us any additional information that you feel applicable below each question. Again, please answer as thoroughly and as honestly as possible as these answers will directly affect your *New Mission Protocols*:

1. **Describe the internal results and symptoms of Battlefield/Combat Trauma/PTSI (Post Traumatic Stress Injury) in your life.**
* **Minimal:** Everyone has trauma but I’m doing ok. My sleep patterns are good, I’m not abusing drugs or alcohol, my relationships are solid and functional, and I have work that I’m satisfied with.
* **Slight:** I struggle with some post battlefield effects such as sleep disturbance, irritability, and hyper-alertness in certain situations, but I'm coping and am not abusing substances and have functional relationships and work.
* **Moderate:** I wouldn’t assess myself as in acute crisis, but I am struggling with coping. I see negative consequences in at least one of the following areas: self-care and health, relationships, and/or work.
* **Severe:** The trauma has become a pervasive part of my life. I struggle in multiple areas and am in danger of losing one or all of the following: my health, my relationships, or my work.
* **Severe and acute:** I struggle with extreme depression and entertain thoughts of suicide.

**How much do symptoms of Battlefield Trauma/PTSI affect you in your daily life? Please highlight appropriate number:**

1 2 3 4 5 6 7 8 9 10

Not at all Moderately Severely

**If you have anything to further share with us regarding question #1, please do so:**

**2. Describe your Overall Sleep Patterns:**

* **Very Good:** I’m able to sleep an average of 7 hours a night without the use of a sleep aid.
* **Good:** I’m able to sleep at least 6 hours a night without the use of a sleep aid, or if I do need a sleep aid, it is only utilized about 20% of the time. ***(Please name sleep-aid in the anything further to share section below).***
* **Poor:** I need a sleep aid at least 50% of the time to average at least 6 hours of sleep nightly.
* **Severe:** I use a sleep aid nightly and still struggle to achieve 6 hours of sleep a night.
* **Severe and acute:** Nothing helps. I am chronically under-rested and do not achieve an average of 6 hours of sleep nightly.

**How much does lack of sleep (nightmares, insomnia, etc.) affect you in your daily life? Please highlight appropriate number:**

1 2 3 4 5 6 7 8 9 10

Not at all Moderately Severely

**If you have anything to further share with us regarding question #2, please do so:**

1. **Describe symptoms of manifested depression in your life:**
* **Minimal:** What depression? Most of the time I am grateful for the present and excited about the future;
* **Slight:** Most of the time I am grateful for the present and excited about the future but I am occasionally troubled by depression that lasts for longer than 24 hours.
* **Moderate:** I have many good days when I am grateful for the present and excited about the future, but I struggle with feelings of depression on a regular and recurring basis as well.
* **Severe:** I struggle with depression, sadness, and feelings of hopelessness more than 50% of my days.
* **Severe and acute:** I struggle with depression, sadness, and feelings of hopelessness more than 75% of the time. Sometimes I consider suicide.

**How much does your depression affect you in your daily life? Please highlight appropriate number:**

1 2 3 4 5 6 7 8 9 10

Not at all Moderately Severely

**If you have anything to further share with us regarding question #3, please do so:**

1. **Describe the stressors that you currently experience in your life:**
* **Minimal:** What stress? Most of the time I am stress free, grateful for the present and excited about the future. I cope with any stress that I do experience in a constructive and effective manner.
* **Slight:** Most of the time I am stress free, grateful for the present and excited about the future; however, I do occasionally become troubled by a stressor that lasts for longer than 24 hours.
* **Moderate:** I have many good days when I am grateful for the present and excited about the future, but I do struggle with my levels of stress on a regular and recurring basis and can become overwhelmed.
* **Severe:** I struggle with my levels of stress and feelings of being overwhelmed more than 50% of my days and nights.
* **Severe and acute:** I am extremely stressed and overwhelmed a majority of my waking hours, more than 75% of the time. Sometimes I consider suicide.

**How much do your levels of stress affect you in your daily life? Please highlight appropriate number:**

1 2 3 4 5 6 7 8 9 10

Not at all Moderately Severely

**If you have anything to further share with us regarding question #4, please do so:**

1. **Describe some of the triggers that you currently experience in your life that activate your stress response. Triggers that may lead to you becoming angry, stressed, sad, fearful, triggering your fight or flight response, etc.:**
* **Minimal:** I don’t feel triggered that often at all and when I do, I have the coping mechanisms and skill set in place to work through any triggers that I may experience efficiently and effectively.
* **Slight:** Sometimes I become triggered, and when I do I feel that I have the skill set in place to work through any triggers that I may experience efficiently and effectively.
* **Moderate:** I have many good days when I am not becoming triggered, but I do struggle with the numbers of triggers that I experience on a regular and recurring basis and on occasion, these triggers can become overwhelming.
* **Severe:** I struggle daily with a number of triggers and have feelings of being overwhelmed by those triggers more than 50% of my days and nights.
* **Severe and acute:** I experience severe triggers on and daily and nightly basis and am in a consistent state of overwhelm more than 75% of the time. Sometimes I consider suicide.

**How much do your triggers activating your distress response(s) affect you in your daily life? Please highlight appropriate number:**

1 2 3 4 5 6 7 8 9 10

Not at all Moderately Severely

**If you have anything to further share with us regarding question #5, please do so:**

1. **Describe your relationships and support network:**
* **Extremely Strong:** I have a network of family and friends that I am surrounded by. I feel loved and supported, and I am able to reciprocate those actions of love and support. I live consistently in an environment that is loving, compassionate and balanced.
* **Strong:** My network of family and friends is loving, compassionate and balanced; I have my issues with my family, as we all do; however, I know that I am loved and supported by a vast network of family and friends
* **Moderate:** I have my good days and my bad days with family and friends. I feel loved and supported, but I also feel that there is some work to be done as a family. My spouse and I fight occasionally, but when we do, we are able to talk about it and help each other through it fairly quickly.
* **Moderate to weak:** I struggle with my relationships with family and friends. I feel that my family life is loving and caring 50% of the time; the other 50% can be extremely rough. I find it hard to find compassion for myself; also finding it difficult to feel compassion for or show love to my family. My spouse and I fight often and my relationship with my children can become strained. Sometimes I feel like just walking away from it all.
* **Extremely weak and acute:** I struggle daily in my relationships with my family and friends. Over 75% of the time I feel that I am just treading water and waiting for the next stressor and/or trigger to hit. I have trouble loving myself and others. Sometimes I consider suicide.

**How would you describe your interactions with your family (your spouse, your children, your parents), friends and overall support system? Please highlight appropriate number:**

1 2 3 4 5 6 7 8 9 10

Extremely Healthy Moderately Healthy Extremely Dysfunctional

**If you have anything to further share with us regarding question #6, please do so:**

**For questions 7-22, again please answer each as thoroughly and as honestly as you can:**

1. Please describe your work life and financial situation as it is presently. Be as thorough as possible.
2. What are the **TOP THREE GOALS** that you would like to accomplish over the next six (6) months?
3. Who or what do you feel is your biggest obstacle between you and the attainment of the goals you described in question #8?
4. What motivates you? What empowers you?
5. What do you feel that you truly need to manifest within yourself to create amazing success and abundance in every aspect of your life?
6. What are the biggest challenges you face in your life presently?
7. Do you feel good about the way that you handle challenges that are presented to you in your life?
8. Presently, what are your strongest beliefs about you and the world and environment in which you live?
9. About what things have you taken your strongest stand in life; what do you feel holds the truest power of your conviction?
10. Who supports you? Who is on your current TEAM and will follow you on your new mission?
11. What, if anything, do you know about alternative/holistic healing and self-awareness techniques and modalities (breathing techniques and practices, yoga, reiki energy therapy and support, Native American Spirit Medicine/Shamanism, EFT [Emotional Freedom Technique], etc.)?
12. When in your life do you feel most creative and inspired. When do you allow yourself to tap into your imagination and creativity?
13. How often do you PLAY?
14. How would you describe your overall physical health and fitness level (your diet, how many days a week you train, supplements you currently take, your feelings on your body image)?
15. What do you hope will be different in your life (and in the lives of those closest to you) after you have completed this phase of your CRUSADES 22 experience?
16. If you, and we at CRUSADES 22 could wave a magic wand and manifest immediate change in your life, what would your life look like after utilizing the magic?

Please rate on a scale of 1 to 10 (10 being the highest) your satisfaction level in the following areas of your life:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| **Business** |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| **Financial** |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| **Family** |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| **Health/Fitness** |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| **Spiritual** |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| **Recreation** |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| **Social** |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| **Personal Time** |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| **Self-Image** |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| **Mindset** |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

**DISCLAIMER**

It is at the client’s discretion how they resonate with and follow the programming presented by CRUSADES 22. CRUSADES 22 is a not-for-profit complimentary healing provider, and as such, we do not diagnose or treat emotional and health issues, we provide coaching, mentoring and tools that may support your well-being. We do not prescribe medications; we may however encourage you to seek out natural remedies with external professional health care providers with whom CRUSADES 22 may suggest, but ultimately it is your choice to do so.

We may suggest natural, homeopathic based remedies and suggestions, but will always do so after our health professional has had a conversation with you about allergies, past reactions to certain things.

Neither the facilitators, executive staff, board of directors, or CRUSADES 22 as an organization will be held liable or responsible for any adverse reactions to any modalities, techniques, teachings, suggestions presented to you by CRUSADES 22.

The CRUSADES 22 mentoring and coaching services offer dynamic and compassionate support for your personal growth and for the growth of your family. The services and techniques that we present and provide are meant to stand beside and support any faith based beliefs that you may hold.

**Please consult your primary health care provider in cases of serious or long-tern health issues.**

You will be asked to also sign an **Assumption of Risk/Limited Liability Release Waiver**. This waiver will cover any and all programming components offered to you by CRUSADES 22.

CRUSADES 22 is here to fully support both you and your family and we will do all we can to field any questions, concerns, or issues that you may have in a timely manner.

You will have access to some of your facilitator’s private mobile phone numbers and we ask that as you utilize these numbers, you do so with respectful discretion, and within reason.

In cases of emergency, you have been provided with a hotline number that you may utilize if you cannot reach us directly during off-hours.

If, over the course of working with an individual, they begin to present as an *acutely at risk client*, and in cases where someone may express suicide ideation, or speaks of self-harm or doing harm to others, CRUSADES 22 has in place and will initiate the following Crisis Intervention protocols:

1. **Limits of Confidentiality**: will be exercised and your rights to your confidentiality will be considered waived upon your disclosure of any ideation expressing to anyone associated with CRUSADES 22 a desire to harm yourself or to do harm to others. CRUSADES 22 will share this information with the appropriate people on your care team immediately.
2. CRUSADES 22 will suggest that you reach out to the Veteran’s Crisis Hotline. This hotline number is on the outgoing message of Executive Director, Brian K. Hillard’s mobile phone. It is provided in this intake packet, on the Assumption of Risk/Limited Liability Release and is also provided on the CRUSADES 22 website under the PROGRAMING PROTOCOLS tab.
3. CRUSADES 22 will share this information with your spouse/partner and begin the process of reaching out to your main care team.
4. If an immediate heath care provider is not able to be reached, CRUSADES 22 will help facilitate direct action by local first responders in a time of crisis.
5. CRUSADES 22 will not be held responsible for the outcome of calls made to the Veteran’s Crisis Hotline, or whether or not you decide to make the call to the Crisis Hotline we provide. CRUSADES 22 will encourage the you and/or your spouse to make the call, and we will facilitate notifying relevant third party care providers in times of crisis, i.e.: suicide ideation, threats of self-harm or harm to others, threats of child and or elder abuse, substance abuse behavior, and times of extreme acting out.
6. If these actions become and, or are habitual, CRUSADES 22 will work with you and your family to help find and facilitate the best care possible; helping to identify the next best steps for care.

For non-emergency related calls, we will do our best to answer any questions or concerns promptly and within a reasonable time frame. You may reach us via telephone call, limited text messaging, and you will also be given our email address to utilize for correspondence.

**I, the undersigned Participant, have thoroughly read and completely comprehend this *Commitment to Yourself and* *Pre-Assessment and Self-(re)Discovery Worksheet Packet* and desire to participate in CRUSADES 22 and all accompanying experiences and programming components mentioned herein.**

**I, the undersigned, sign have completed and sign this document of my own free will.**

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Participant’s Name: Age:

(Please print name legibly)

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Participant’s Signature: Date:

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Witnessing Party Name: Age:

(Please print name legibly)

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Witness Signature: Date:

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Parent/Guardian Signature: Date:
(If under 18 years old, Parent or Guardian must also sign.)