**Baseline Interview:**

The purpose of this baseline interview is primarily to assess the participant's appropriateness for participating in group interventions, particularly a spiritually integrated intervention, and to collect administrative data necessary for the implementation of the study, including sample description variables, the participant's schedule availability and any concerns about being in groups with others from the same unit.

Intake Interview for Building Spiritual Strength

Participant Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact information: Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Deployment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Time since most recent deployment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s age (at intake) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (when deployed) \_\_\_\_\_\_\_\_\_

Participant’s religious background:

Faith identification now?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Raised in what faith?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other faith identifications or relevant aspects of religious functioning now?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnosed medical or psychiatric conditions relevant to the participant’s functioning at this time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the participant used mental health services in the past? Yes/No

Is the participant receiving mental health services at this time? Yes/No

Is the participant taking psychoactive medications? Yes/No

If Yes, how long has the participant been using the same prescription at the same dose? \_\_\_\_\_\_\_\_\_\_\_\_\_

Describe previous or ongoing mental health treatment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the participant having thoughts about harming themselves or others? Yes/No

If yes, assess plan, intent, accessibility of plan, and document referrals to additional mental health resources to address safety issues. Do not attempt to finish the interview if there are immediate safety issues. Document interventions in the space below.

Has the participant attempted suicide or deliberately harmed themselves in the past? Yes/No

 If yes, how many times? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When the most recent was self-harm? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the participant killed, injured, or deliberately harmed other people in the past? (Exclude combat/antiterrorist activities completed during military service or appropriate activities related to civilian work in policing/security) Yes/No

If yes, how many times?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the participant caused others to need medical care or killed anyone? Yes/No

When was the most recent attempt to harm others?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the participant had any history of difficulty with reading, writing, or learning problems? Yes/No

If so, what types of difficulty?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If there is doubt about the participant’s ability to use the materials, have the participant read the first page of the participant workbook and assess comprehension. Note observations below.

Is the participant working, going to school, or otherwise involved in significant career development? Yes/No

Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are the participant’s family or other non-career responsibilities at this time?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the participant’s schedule availability for group participation?

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Are there other individuals from your National Guard Unit or chain of command that you would like to make certain are not assigned to the same group you are in? If so, please list Unit and any specific names.

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Review with the participant:

Ground rules for Group Participation, time and homework expectations, address participant’s questions or concerns about participation.