

The **Intake Screening** is an eligibility semi-structured interview designed to assess a participant’s suitability (readiness) to participate in the HEAL program.

It reviews inclusion and exclusion criteria, emotional stability, and individual needs. The goal is both to inform participants so they can make an enrollment decision and to confirm the program can meet their support needs.

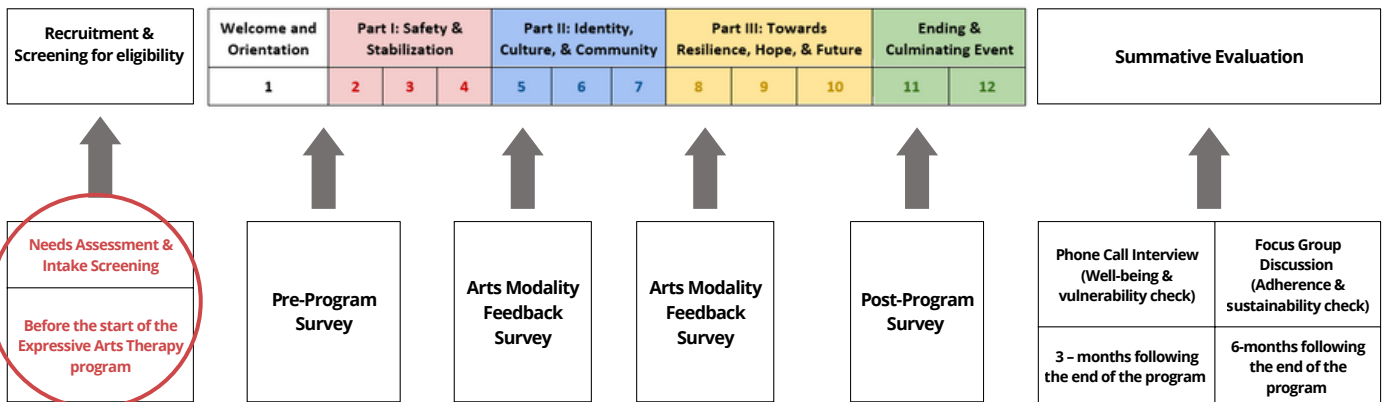
The screening questionnaire takes approximately 15 minutes and is completed through a one-on-one, private phone call. It is facilitated by a service provider, case worker, or another professional who has an established, trusting relationship with the participant.

Key Themes: Mental Wellbeing, Assessing Safety, PTSD Screening

Special Considerations

- Let participants share as much or as little as they feel comfortable with.
- Maintain a natural conversation while following program guidelines and community-based research practices.
- Be ready to explain the program and offer clear information to support informed decisions.
- Prepare referrals, resources, and accommodations for participants who may need support.

Program & Evaluation Cycle



Reference: Access Alliance Multicultural Health and Community Services (2025). Tool: Intake Screening.

This tool is produced for the project titled: "HEAL - Hubs of Expressive Arts for Life" funded by the Public Health Agency of Canada (Arrangement # 2223-HQ-000042) for Preventing and Addressing Family Violence for a period of 4 years. This project is approved by the REB of the Community Research Ethics Office (Canada) Corp., c/o Centre for Community Based Research, 190 Westmount Road North, Waterloo, Ontario, N2L 3G5 (CREO REB file # 277). Email: creo@communitybasedresearch.ca. Telephone: 1-888-411-2736.

This checklist serves as an initial guide for using the HEAL Intake Screening Tool. Because this screening protocol may be one of the first points of contact for a participant, it is important to conduct frequent check-ins, move at the participant's pace, and use trauma-informed approaches to ensure safety and maintain trust.

Preparation Phase

- Arrange time and date to conduct screening with participant in person. Be sure to inform them of the purpose beforehand and ensure they are in a safe and quiet space.
- Aim is to avoid causing unintended trauma or re-traumatization by assessing participant's emotional readiness and conducting frequent check ins.
- Administer the survey ethically and with consistency. The information gathered helps assess participants' post-traumatic stress levels and guide any program adjustments needed to support the group's well-being.
- Book an interpreter as needed to support participants communication in a language they feel more comfortable.

Materials

- Participant screening excel sheet
- Phone
- Notebook
- Pens and Pencil

While this checklist provides a helpful starting point, tailor this tool to meet the diverse needs of your community members. Adopt and make this tool relevant to your context. Reflect and learn together.

Implementation Phase

- Ensure the participant is in a safe, secure, and quiet space that is appropriate for discussing sensitive topics. Maintain a warm, respectful tone and demonstrate active listening throughout the conversation.
- Pause following each section of the screening. Many screening questions are personal and can be uncomfortable for them to respond to. Take breaks and even schedule a secondary session as needed.
- Use the interview guide to guide the session. Main screening categories include 1) mental readiness 2) their expectations 3) identify any accessibility or accommodations needed 4) conclusion.
- Once the interview guide has been completed, thank the participant for their time and insights. Ask if they have any additional questions or comments.

Wrap Up Phase

- When participants do not meet eligibility criteria, make sure they receive the necessary resources and support services that are tailored to their screening needs.
- When participants meet eligibility criteria, extend an invitation to the first HEAL session and share any relevant information (e.g flyer, program schedule, basic information, program lead contact etc.)
- Store all meeting minutes securely based as outlined by your agency's data storage regulations.

TOOL : Intake Screening

Introduction

Hello! Thank you for your interest in the [insert program name].

[Describe program details]. The goal of the program is to provide a safe, healing, and educational space for women who have experience of gender based violence in their lives.

We will have group conversations and art activities including visual arts, music, and movement in the program. You do not need to know art prior for participating in the program

While in the program, participants will receive support for their physical, mental, and social health and well-being. We will also provide resources and support services to support you on your journey. We will always maintain confidentiality about your identity and issues, which means your name will not be included in any of our reports or presentations.

Is everything clear so far? Do you have any questions for me?

[Answer any questions that the participants may have pertaining to the program]

Before I can confirm your place in the program, I would like to ask you a few quick questions to ensure that the program will be able to meet your needs. It will take about 10 minutes,

- As I mentioned earlier, during the program you will have the chance to explore different art forms, including visual arts, music, and movement. You do not need any previous art experience to participate.
- I'm curious—do you currently engage in any art forms, or is there an art practice you are interested in? This could be something from your home country or something you've explored in Canada. If so, how do you engage with it?
- What made you consider joining this program, and what do you hope to gain or experience from it?

Thank you for your responses!

TOOL : Intake Screening

Assessing Safety At Home

The next few questions are quiet personal, reason being that we want to make sure that the program is a good fit for you. We are committed to providing a supportive environment in the program, where you will feel comfortable. Your safety is our top priority, so we would like to understand any concerns before the program begins.

I am about to ask a few sensitive questions about your experiences with violence in life. May I continue? Please feel free to pause, or ask questions at any time.

1. Have you ever experienced harm or violence from a family member or partner? Have you ever been made to feel unsafe, or controlled by a partner, family member, or someone else in your life? You need to answer only with a Yes or No.

(If no) *Thank you for answering. This program is specifically developed for participants who are survivors of gender based violence. That said, we think it may be more beneficial for you to access more appropriate resources such as women's groups. I have some information here and can help to connect you, if you would like.*
[Follow referral document – Community Programs]

(If yes) *On a scale of 1 to 10, how would you rate your experience of violence or abuse at home by a partner or family member - where 1 means it never happened and 10 means it happens very often. You only need to let me know a number*

If participants answer YES to Q1 and rate their experiences between 1 and 7: *Thank you for sharing. We ask these questions to ensure your safety, and to confirm that the program will be supportive. We want to avoid causing further distress and want to make sure that you receive timely support. [Proceed to next section – Assessing Mental Readiness]*

If participants answer YES to Q1 and rate their experiences as an 8 and 10: *Thank you for answering these questions. Based on what you have shared, It may be more helpful for you to access direct, immediate services instead of this program which is in a group setting. I have some information that could be useful to you, and I can help you contact them if you would like.*
[Follow referral document – Section Crisis Support Services]

Assessing Mental Readiness – PTSD Screening Tool

These next questions help us understand your current mental state so that we can better tailor the program to your needs. They are sensitive, and you only need to answer Yes or No. We are focusing on the stress you may be experiencing in daily life due to past violence.

1. Have you experienced any of the following related to abuse or violence:
 - Repeated, distressing memories, or dreams? (Y/N)
 - Feeling like the event is happening again? (Y/N)
 - Intense physical and/or emotional distress? (Y/N)
 - Difficulties feeling positive emotions (Y/N)
2. Do you avoid any of the following related to abuse or violence:
 - Thoughts, feelings, or conversations about these experiences? (Y/N)
 - Activities, places, or people who remind you of these experiences? (Y/N)
3. Do you have negative thoughts and moods associated with your experiences of abuse? For example:
 - Forgetting important parts of the event (Y/N)
 - Feeling negative beliefs or emotions (Y/N)
 - Feelings isolated (Y/N)
4. Finally, do you experience any of the following:
 - Problems sleeping (Y/N)
 - Irritability or outbursts of anger (Y/N)
 - Self-destructive behavior (Y/N)
 - Problems concentrating (Y/N)
 - Feeling defensive (Y/N)

If participants respond YES to 7 or fewer stress symptoms, they are eligible: *(It is okay for them to say yes to some of the questions): Thank you for your responses, we are looking forward to having you in the [insert program name]. We hope that the program will be able to support you in managing some of the challenges that you are facing. [Proceed to the next section – Accommodations for the Program.]*

If participants respond YES to more than 7 stress symptoms they are ineligible: *Thank you for your responses. Based on our conversation, we think that immediate support may be more appropriate for you than this group program. This program includes sessions on vulnerable topics and group discussions that may lead to further distress. I have some information on services that might better suit your needs, and I can help you contact them if you would like. [Follow referral document – Section Crisis Support Services]*

Accommodations for the Program

Also, we would like to connect you with any additional support that you are in need of. I have a few questions about services that you are currently connected with for settlement, health, or other needs.

1. Are you currently accessing any support services and resources in Canada, for example resources for employment or settlement concerns, physical and mental health? If so, what are you accessing?
2. Are there specific issues or concerns that you have right now that you might want some more support with? For example, settlement, health, employment, emotions, general health? [Follow up with over email or phone based on preferred communication]
3. Finally, are there any considerations or accommodations we should know about prior to the start of the program? For example:
 - Language interpretation
 - Transportation, childminding
 - Commitment, days that you will be away or other factors impacting attendance
 - Dietary restrictions

Thank you for taking the time to share with me today. You are now registered in [insert program name]. We are excited to see you at the program sessions. I will provide you with the program schedule [provide information on date/time/location].

If you need support with anything else, please let me know, I am here to support. [Note down participant's email address and/or phone number].

¹ This is a screening measure to help you determine whether you might have post-traumatic stress disorder (PTSD) that needs professional attention. This screening tool is not designed to make a diagnosis of PTSD but to be shared with your primary care physician or mental health professional to inform further conversations about diagnosis and treatment. Reference: American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Publishing.