HealingAFTER Hardship

Welcome!

To make the most out of our first class together please answer the following and return to me at <u>jodiscottcoaching@gmail.com</u> by July 5th. I assure all information is held in absolute confidence. NAME:

EMAIL:

PHONE:

Please indicate with an X, circle or explain in 'Other' the hardship or hardships that have brought you to this class and provide a date it occurred or if it is ongoing or both in the past and ongoing:

Divorce **Financial Struggle** 0 0 Persistent Relationship Problems Illness or a Diagnosis \cap \cap Estrangement from Family **Body Issues** 0 0 Heartbreak Eating Disorder 0 0 **Ongoing Conflict** Miscarriage 0 0 Job Loss Occupational Conflict, Dissatisfaction or 0 0 **Re-location** Struggle \cap Extreme Loneliness Abuse 0 0 Loss of a Loved One \cap Life Transition such as Retirement, Empty Nest Other: 0 0 or Grown Children Returning Home Or Maybe You Are Caring For Someone Who Is: 0 I]] Emotionally or Physically Draining or 0 Addicted Dependent on You \cap Other: _ Financially Dependent on You 0 0

Please indicate with an X, circle or explain in 'Other' the symptoms you are or have experienced as a result of the hardship or hardships listed above:

Emotional symptoms:

- Becoming easily agitated, frustrated, anxious and moody
- \circ $\;$ Being reactive, short-tempered and impatient
- Feeling overwhelmed, like you're losing control or that you need to have control
- o Difficulty relaxing and calming your mind
- Becoming emotional and crying easily

- Feeling insecure, critical or bad about yourself low self-esteem, lonely, worthless, depressed
- \circ Avoiding others
- Feel alone in your struggle
- Feel hopeless at times
- Become disheartened easily
- Other: _____

Emotional symptoms:

- Becoming easily agitated, frustrated, anxious and moody
- Being reactive, short-tempered and impatient
- Feeling overwhelmed, like you're losing control or that you need to have control
- $\circ \quad \text{Difficulty relaxing and calming your mind} \\$
- Becoming emotional and crying easily

Physical symptoms:

- Lethargy and low energy
- o Easily exhausted
- \circ Headaches/Migraines
- o Upset stomach/Nausea
- $\circ \quad \text{Sudden sweating} \quad$
- o Racing Heart
- \circ $\;$ Tense muscles, body aches, pains or stiffness
- o Trouble sleeping/insomnia
- Other: ___

Mental symptoms:

- Constant worrying
- Racing thoughts
- o Forgetfulness and disorganization
- o Inability to focus
- Other: _____

Behavioural symptoms:

- Changes in appetite either not eating or eating too much
- Lack of interest in things that used to interest or uplift you
- o Procrastinating and avoiding responsibilities
- Ambivalence and trouble making decisions
- Other:_____

- Feeling insecure, critical or bad about yourself low self-esteem, lonely, worthless, depressed
- $\circ \quad \text{Avoiding others} \quad$
- $\circ \quad \ \ {\rm Feel \ alone \ in \ your \ struggle}$
- $\circ \quad \text{Feel hopeless at times} \\$
- o Become disheartened easily
- Other: _____
- $\circ \quad \ \ \, {\rm Frequent\ colds\ and\ infections}$
- $\circ \quad {\rm Loss \ of \ sexual \ desire \ and/or \ ability}$
- o Nervousness and shaking
- o Cold or clammy hands and feet
- $\circ \quad {\rm Dry\ mouth\ or\ persistent\ feeling\ of\ lump\ in\ throat}$
- $\circ \quad {\rm Tense\ jaw\ and/or\ teeth\ grinding}$
- Ringing in the ear
- Hair loss
- o Poor judgement
- Being negative or pessimistic only seeing what *is* or can go wrong
- \circ Anticipating the worst outcomes
- Numbing out to food, drink, media, sleep, spending or drama
- Nervous behaviour, such as nail biting, fidgeting and pacing
- Going through the motions of your life lacking interest or enthusiasm

Please share the emotions you feel most consistently in regards to the hardship or hardships you have or are experiencing:

How do you want to feel?

What would you most like to heal or overcome?

Please share any other information you feel would be beneficial for me to know to best support you:

Thank you for your honesty. I assure you all is confidential. I value your thoughts, openness and commitment to yourself and your Healing After Hardship. I look forward to seeing you soon!

To Fill Out & Return This Form:

- Print it
- Fill in your info
- Scan it or take a picture of it with your phone
- Email back to me by July 5th at <u>iodiscottcoaching@gmail.com</u>

By registering and attending the Healing After Hardship class you agree to a pact of confidence to not share anything from the group with anyone outside the group and you assume all responsibility for your decisions, choices, actions and behaviour during or after this workshop series. You acknowledge Jodi Scott is not liable or responsible for your actions and that no guarantees or warranties are expressed or implied and that all Jodi Scott Coaching materials and documents are proprietary.



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