

ILLNESS	no.	QUESTIONS	Answers
Postpartum Screening Questions		1 Have you given birth within the past 12 months? 2 Have you felt persistently sad, numb, or overwhelmed since childbirth? 3 Do you feel excessive guilt about how you are feeling as a parent? 4 Do you feel disconnected from your baby or from yourself? 5 Do you experience frequent crying spells or mood swings? 6 Do these feelings feel stronger or longer-lasting than expected after childbirth? 7 Are you able to sleep when the baby sleeps, or are you having trouble sleeping	YES, otherwise mostly not this issue yes yes yes yes yes yes
Grief Support		1 Have you experienced the loss of someone close to you in the past year? 2 Do you feel intense longing or yearning for this person? 3 Do reminders of the loss (dates, places, objects) strongly affect your mood? 4 Do you feel a sense of emptiness or that something important is missing? 5 Do you find it hard to accept that this loss has happened? 6 Do these feelings interfere with your daily functioning?	Yes Yes Yes Yes Yes Yes
Relationship issues		1 Do you feel emotionally safe in your relationship? 2 Do conflicts with your partner often escalate? 3 4 5 6	Are you currently in a close personal or romantic relationship that causes you stress? Do conflicts or disagreements with this person occur frequently? Do you feel misunderstood, unheard, or emotionally unsupported in this relationship? Has communication between you and this person become difficult or strained? Do interactions with this person often leave you feeling upset, anxious, or drained? Do you feel less emotionally close or connected than you would like to be?
Workplace Stress		1 Do you feel overwhelmed by your workload or responsibilities? 2 Do you feel a lack of control over your work demands or deadlines? 3 Does your stress significantly increase on workdays? 4 Do you feel mentally exhausted at the end of the workday? 5 Do you find it difficult to disconnect from work during personal time? 6 Do you feel pressure to constantly perform or meet expectations?	
Anxiety Management		Many people find their minds racing over small things always:3, sometimes: 2, rarely: 1, not really: very low chance of chronic anxiety When you feel anxious, do you notice any changes: heart race, trembling, sweating, can't breathe:3, 1-2 mentions of mild symptoms: 2, no: low chance of chronic anxiety When worries start building up, do they feel easy to stop:3, takes time to calm down:2, manageable/can calm myself down:1 Are there situations or places you try to avoid because of anxiety:3, sometimes:2, not really:1, doesn't avoid anything:0 Do these feelings ever affect your sleep, concentration: most days:3, sometimes when very anxious:2, rarely:1, not at all:0 Even during calm moments, do you find it hard to relax:3, often hard to relax: 2, sometimes:1, can relax easily:0 Thank you for sharing that. If you had to describe it in one word, what would it be?	