

ILLNESS		no.	QUESTIONS	Answers
Postpartum Screening Questions			1 Have you given birth within the past 12 months?	YES, otherwise mostly not this issue
			2 Have you felt persistently sad, numb, or overwhelmed since childbirth?	yes
			3 Do you feel excessive guilt about how you are feeling as a parent?	yes
			4 Do you feel disconnected from your baby or from yourself?	yes
			5 Do you experience frequent crying spells or mood swings?	yes
			6 Do these feelings feel stronger or longer-lasting than expected after childbirth?	yes
			7 Are you able to sleep when the baby sleeps, or are you having trouble sleeping	yes
Grief Support			1 Have you experienced the loss of someone close to you in the past year?	Yes
			2 Do you feel intense longing or yearning for this person?	Yes
			3 Do reminders of the loss (dates, places, objects) strongly affect your mood?	Yes
			4 Do you feel a sense of emptiness or that something important is missing?	Yes
			5 Do you find it hard to accept that this loss has happened?	Yes
			6 Do these feelings interfere with your daily functioning?	Yes
Relationship issues			1 Do you feel emotionally safe in your relationship?	Are you currently in a close personal or romantic relationship that causes you stress?
			2 Do conflicts with your partner often escalate?	Do conflicts or disagreements with this person occur frequently?
			3	Do you feel misunderstood, unheard, or emotionally unsupported in this relationship?
			4	Has communication between you and this person become difficult or strained?
			5	Do interactions with this person often leave you feeling upset, anxious, or drained?
			6	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 change: heart race, trembling sweating, cant 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 let go: they spiral/non 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 your experience in one sentence, what would it be?			