

Past or current mental health problems

- 1 *Have you ever had a period of 2 weeks or more when you felt particularly low or down?*
- 2 *Do you sometimes worry so much that it affects your day-to-day life?*
- 3 *Have you ever needed treatment for a mental health condition such as depression, anxiety disorder, bipolar disorder or psychosis?*
- 4 *Has anyone in your immediate family (e.g. grandparents, parents, siblings) experienced severe mental health problems?*

Previous or current abuse

- 5 *When you were growing up, did you always feel cared for and protected?*
- 6 *If you currently have a partner, do you feel safe in this relationship?*

Drugs and alcohol

- 7 *Do you or others think that you (or your partner) may have a problem with drugs or alcohol?*

Recent life stressors

- 8 *Have you had any major stressors, changes or losses in the last 12 months (e.g. moving house, financial worries, relationship problems, loss of someone close to you, illness, pregnancy loss, problems conceiving)?*

Practical and emotional support

- 9 *When you were growing up, was your mother emotionally supportive of you?*
- 10 *If you found yourself struggling, what practical support would you have available? Who could help provide that?*
- 11 *If you found yourself struggling, what emotional support would you have available? Who could help provide that?*