

Antenatal (Psychosocial) Risk Questionnaire (ANRQ) – Client

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The questions below are designed to help you and your clinician understand whether you may benefit from some extra support during this time of change. You may find some questions challenging, but please choose the answers that best apply to you. There are no right or wrong answers.

Please complete all questions, unless instructed to SKIP a question. Once you have completed the questions, your clinician will discuss your responses with you. If you have any concerns about any of the questions, please let your clinician know.

Total

Q1. Have you ever had a period of 2 weeks or more when you felt particularly worried, miserable or depressed?

No

Yes

If No, skip to **Q1.c.**

If Yes, please answer **Q1.a., Q1.b. and Q1.c.,**

If Yes, did this:

Q1.a. Seriously interfere with your work or your relationships with friends and family?

Not at all

A little

Somewhat

Quite a lot

Very much

Q1.b. Lead you to seek professional help?

Did you see a:

psychiatrist psychologist/counsellor GP

Did you take tablets/herbal medicine? No Yes

No

Yes

If yes, name of professional: _____

If yes, list medication(s): _____

Q1.c. Do you have **any other history of mental health problems?** (e.g. eating disorders, psychosis, bipolar, schizophrenia) No Yes

If yes, list other mental health problems: _____

Q2. Is your relationship with your partner an emotionally supportive one?

Very much

Quite a lot

Somewhat

A little

Not at all

No partner

Q3. Have you had any stresses, changes or losses in the last 12 months? (e.g. only: separation, domestic violence, job loss, bereavement etc.)

No

Yes

If No, skip to **Q4.**

If Yes, please answer **Q3.a.,**

If yes, please specify: _____

If Yes:

Q3.a. How distressed were you by these stresses, changes or losses?

Not at all

A little

Somewhat

Quite a lot

Very much

Q4. Would you generally consider yourself a worrier?

Not at all

A little

Somewhat

Quite a lot

Very much

Q5. In general, do you become upset if you do not have order in your life? (e.g. regular timetable, tidy house)

Not at all

A little

Somewhat

Quite a lot

Very much



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Q6. Do you feel you will have people you can depend on for support with your baby?	Very much <input type="checkbox"/>	Quite a lot <input type="checkbox"/>	Somewhat <input type="checkbox"/>	A little <input type="checkbox"/>	Not at all <input type="checkbox"/>	<input type="checkbox"/>
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Now you are having a baby, you may be starting to think about your own childhood and what it was like:

Q7. Were you emotionally abused <i>when you were growing up</i> ?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>
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Q8. Have you ever been sexually <input type="checkbox"/> or physically <input type="checkbox"/> abused?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>
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Q9. <i>When you were growing up</i> , did you feel your mother was emotionally supportive of you?	Very much <input type="checkbox"/>	Quite a lot <input type="checkbox"/>	Somewhat <input type="checkbox"/>	A little <input type="checkbox"/>	Not at all <input type="checkbox"/>	No Mother <input type="checkbox"/>	<input type="checkbox"/>
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Do you have any other concerns that you would like to talk about today? _____
