

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

☐

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

Yes

☐

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

☐

If No, skip to **Q4.**

Yes

☐

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? _____
