



# Antenatal (Psychosocial) Risk Questionnaire (ANRQ) Clinician Information and Scoring Template

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### Brief Scoring instructions & Interpretation of Results

- There are a maximum of **12 scored items**. Based on the scoring instructions, place individual questions scores in the **score box on the right hand side**.
- Add up the maximum 12 scored items and place the **Total Score in the box at the top of the questionnaire**.
- **Total scores range from 5-60. A higher score indicates greater psychosocial risk.**

Women are at **increased psychosocial risk if ANY** of the following criteria are met:

- > **Total ANRQ score of 23 or more;**
- > **Significant mental health history:** If Q1 = 5 (Yes **AND** [Q1.a ≥ 4 (Quite A Lot/Very Much) **OR** Q1.b = 5 (Yes)]);
- > **History of abuse:** If Q7 = 5 (Yes) **OR** Q8 = 5 (Yes).

### Instructions for women identified as at 'increased risk' (as per above):

- **Explore psychosocial risk further as needed;**
- **Discuss the ANRQ and depression screening<sup>1</sup> results with the woman and establish a care plan with her as appropriate.**

1. NOTE: The ANRQ should be administered with a depression screening measure (e.g., Edinburgh Depression Scale) to assess for possible current depression.

**TOTAL SCORE (5-60)**  
Total

**\*SCORE Q1.A AND Q1.B ONLY IF Q1 = 5 (YES)**

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

No **0** Yes **5**  
**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 and your relationships with friends or family?

Not at all **1** A little **2** Somewhat **3** Quite a lot **4** Very much **5**

**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 **0** Yes **5**  
**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: \_\_\_\_\_  
 \_\_\_\_\_

**UNSCORED**

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

Very much **1** Quite a lot **2** Somewhat **3** A little **4** Not at all **5** No partner **5**

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<p><b>Q3.</b> Have you had any stresses, changes or losses <i>in the last 12 months?</i> (e.g. only: separation, domestic violence, job loss, bereavement etc.)</p>	<p>No <b>0</b></p>	<p>Yes <b>5</b></p>		<input type="text"/>
	<p><b>If No.</b> skip to <b>Q4.</b></p>	<p><b>If Yes,</b> please answer <b>Q3.a.,</b></p>		
	<p><b>If yes,</b> please specify: _____</p>			<p><b>*SCORE Q3.A ONLY IF Q3 = 5 (YES)</b></p>

<p><b>If Yes:</b></p> <p><b>Q3.a.</b> How distressed were you by these stresses, changes or losses?</p>	<p>Not at all <b>1</b></p>	<p>A little <b>2</b></p>	<p>Somewhat <b>3</b></p>	<p>Quite a lot <b>4</b></p>	<p>Very much <b>5</b></p>	<input type="text"/>
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<p><b>Q4.</b> Would you generally consider yourself a worrier?</p>	<p>Not at all <b>1</b></p>	<p>A little <b>2</b></p>	<p>Somewhat <b>3</b></p>	<p>Quite a lot <b>4</b></p>	<p>Very much <b>5</b></p>	<input type="text"/>
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<p><b>Q5.</b> In general, do you become upset if you do not have order in your life? (e.g. regular timetable, tidy house)</p>	<p>Not at all <b>1</b></p>	<p>A little <b>2</b></p>	<p>Somewhat <b>3</b></p>	<p>Quite a lot <b>4</b></p>	<p>Very much <b>5</b></p>	<input type="text"/>
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<p><b>Q6.</b> Do you feel you will have people you can depend on for support with your baby?</p>	<p>Very much <b>1</b></p>	<p>Quite a lot <b>2</b></p>	<p>Somewhat <b>3</b></p>	<p>A little <b>4</b></p>	<p>Not at all <b>5</b></p>	<input type="text"/>
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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:**

<p><b>Q7.</b> Were you emotionally abused <i>when you were growing up?</i></p>	<p>No <b>0</b></p>	<p>Yes <b>5</b></p>		<input type="text"/>
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<p><b>Q8.</b> Have you <b>ever</b> been sexually <input type="checkbox"/> or physically <input type="checkbox"/> abused?</p>	<p>No <b>0</b></p>	<p>Yes <b>5</b></p>		<input type="text"/>
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<p><b>Q9.</b> <i>When you were growing up,</i> did you feel your mother was emotionally supportive of you?</p>	<p>Very much <b>1</b></p>	<p>Quite a lot <b>2</b></p>	<p>Somewhat <b>3</b></p>	<p>A little <b>4</b></p>	<p>Not at all <b>5</b></p>	<p>No Mother <b>5</b></p>	<input type="text"/>
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Do you have any other concerns that you would like to talk about today? \_\_\_\_\_

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\_\_\_\_\_