Antenatal (Psychosocial) Risk Questionnaire (ANRQ) – Client

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Name: ________________________________ Date: _____________________

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.

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?
   - 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: ____________________________

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
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<table>
<thead>
<tr>
<th>Q5. In general, do you become upset if you do not have order in your life? (e.g. regular timetable, tidy house)</th>
<th>Not at all</th>
<th>A little</th>
<th>Somewhat</th>
<th>Quite a lot</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q6. Do you feel you will have people you can depend on for support with your baby?</td>
<td>Very much</td>
<td>Quite a lot</td>
<td>Somewhat</td>
<td>A little</td>
<td>Not at all</td>
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</tbody>
</table>

Now you are having a baby, you may be starting to think about your own childhood and what it was like:

<table>
<thead>
<tr>
<th>Q7. Were you emotionally abused when you were growing up?</th>
<th>No</th>
<th>Yes</th>
</tr>
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<tbody>
<tr>
<td>Q8. Have you ever been sexually or physically abused?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Q9. When you were growing up, did you feel your mother was emotionally supportive of you?</td>
<td>Very much</td>
<td>Quite a lot</td>
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</table>

And finally...

<table>
<thead>
<tr>
<th>Do you feel safe with your current partner?</th>
<th>Not at all</th>
<th>A little</th>
<th>Somewhat</th>
<th>Quite a lot</th>
<th>Very much</th>
<th>No partner</th>
</tr>
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<tbody>
<tr>
<td>Do you think that you (or your partner) may have a problem with drugs or alcohol?</td>
<td>Not at all</td>
<td>A little</td>
<td>Somewhat</td>
<td>Quite a lot</td>
<td>Very much</td>
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<td>Do you have any other concerns that you would like to talk about today?</td>
<td></td>
<td></td>
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