

Antenatal (Psychosocial) Risk Questionnaire (ANRQ) - Client with postnatal items for Fathers



Adapted from: V.2004 (Updated 2017) © M-P Austin

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.

Total

Q1. Have you ever had a period of 2 weeks or more where you have felt particularly worried, miserable, angry 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: unwanted pregnancy, financial pressures, work-related stress, relationship conflict, job loss, bereavement)

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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Q10. <i>When you were growing up</i> , did you feel your father 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 Father <input type="checkbox"/>	<input type="checkbox"/>
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If you have already had your baby, please complete the following questions about your experiences.

Was your experience of the birth of this baby disappointing or frightening?	Not at all <input type="checkbox"/>	A little <input type="checkbox"/>	Somewhat <input type="checkbox"/>	Quite a lot <input type="checkbox"/>	Very much <input type="checkbox"/>
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Has your experience of parenting this baby been a positive one?	Not at all <input type="checkbox"/>	A little <input type="checkbox"/>	Somewhat <input type="checkbox"/>	Quite a lot <input type="checkbox"/>	Very much <input type="checkbox"/>
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Overall, has your baby been unsettled or feeding poorly?	Not at all <input type="checkbox"/>	A little <input type="checkbox"/>	Somewhat <input type="checkbox"/>	Quite a lot <input type="checkbox"/>	Very much <input type="checkbox"/>
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And finally...

Are you scared of your partner?	Not at all <input type="checkbox"/>	A little <input type="checkbox"/>	Somewhat <input type="checkbox"/>	Quite a lot <input type="checkbox"/>	Very much <input type="checkbox"/>
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Do you think your partner is scared of you?	Not at all <input type="checkbox"/>	A little <input type="checkbox"/>	Somewhat <input type="checkbox"/>	Quite a lot <input type="checkbox"/>	Very much <input type="checkbox"/>
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Do you think that you (or your partner) may have a problem with drugs or alcohol?	Not at all <input type="checkbox"/>	A little <input type="checkbox"/>	Somewhat <input type="checkbox"/>	Quite a lot <input type="checkbox"/>	Very much <input type="checkbox"/>
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Do you have any other concerns that you would like to talk about today? _____
