

ANTENATAL RISK QUESTIONNAIRE (ANRQ)

Name: _____

Today's Date: ____/____/____

Weeks Pregnant: _____

Due date: ____/____/____

Phone (h) _____ (w) _____ (m) _____

This is part of your Antenatal Booking Evaluation and will guide us as to what services we can offer you during your pregnancy. It is confidential information and will remain in your file.

PLEASE COMPLETE ALL ITEMS. Circle numbers 1-6 or tick YES/NO

TOTAL

1. When you were growing up, did you feel your mother was emotionally supportive of you? *(If you had no mother circle 6)*.

1	2	3	4	5	[6
very much		somewhat		not at all	[

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

Yes No

- b) Do you have any other history of mental health problems?
e.g. eating disorders, psychosis, bipolar disorder, schizophrenia. Please specify : _____

Yes No

- If Yes to 2a or 2b, did this:

1	2	3	4	5
not at all		somewhat		very much
- c) Seriously interfere with your work and your relationships with friends and family?

Yes No
- d) Lead you to seek professional help?
Did you see a: Psychiatrist Psychologist/Counsellor GP _____
(Name of professional)

Yes No
- e) Did you take tablets/herbal medicine? No Yes Please specify: _____

Yes No

3. Is your relationship with your partner an emotionally supportive one? *(If you have no partner circle 6)*

1	2	3	4	5	[6
very much		somewhat		not at all	[

4. a) Have you had any stresses, changes or losses in the last 12 months (e.g. separation, domestic violence, unemployment, bereavement ?)
Please list: _____

Yes No
- b) How distressed were you by these stresses, changes or losses?

1	2	3	4	5
not at all		somewhat		very much

5. Would you generally consider yourself a worrier?

1	2	3	4	5
not at all		somewhat		very much

6. In general, do you become upset if you do not have order in your life (e.g. regular time table, a tidy house)?

1	2	3	4	5
not at all		somewhat		very much

7. Do you feel you have people you can depend on for support with your baby?

1	2	3	4	5
very much		somewhat		not at all

8. Were you emotionally abused when you were growing up?

Yes No

9. Have you ever been sexually or physically abused?

Yes No

If you would like to seek some help with any of these issues please discuss this with your midwife or doctor.

ANTENATAL RISK QUESTIONNAIRE (ANRQ)

The Antenatal Risk Questionnaire (ANRQ) is designed to consider specific key risk factors thought to increase the risk of women developing perinatal mental health morbidity (e.g., postnatal depression or anxiety disorder) and sub-optimal mother-infant attachment. It is copyrighted to Prof Marie-Paule Austin, Royal Hospital for Women, Sydney.

ANRQ Questionnaire components include:

- Past mental health history
- Past history of physical (including domestic violence), sexual or emotional abuse
- Current level of supports
- Relationship with mother and partner
- Anxiety and obsessional levels
- Stressors in the last year (including bereavement, separation etc.).

1. Requirements for the ANRQ

It is essential that the following requirements be adhered to when administering the ANRQ (used in isolation or in combination with the Edinburgh Depression Scale):

- The ANRQ is only intended as an **adjunct to clinical history** taking and is not meant to replace good clinical practice.
- The ANRQ should only be used by appropriately trained staff;
- The ANRQ should be completed toward the end of the interview with the woman in the office at the time, so that any endorsed risk factors can be determined before they leave the Clinic;
- Scores shown below are meant to serve as an indicator of need for support and to aid in the formulation of an appropriate mental health plan.

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2. Scoring Instructions for the ANRQ

- i. For items 2a, 2b, 2d, 4, 8, 9:
 - a. **Score Yes=5, No=0** and place the scores in the boxes along the right hand side.
 - b. If answer is "No" do not give a score for the following section (e.g., Q2a, 2b, 4a: If answer is "No" there will be no score for item 2c-e, 4b)

- ii. For items 1, 2c, 3, 4b, 5, 6, 7:
 - c. **Score the number circled** and place the scores in the boxes along the right hand side.

- iii. **Sum all scores** (yes/no and circled answers) and **place total in the box at the top of the questionnaire.**

IMPORTANT

Questionnaires with a "YES" response on any or all of the following:

- **Q2a** – 'YES' to past history of depression AND causing *significant* impairment in social/occupational function (ie scoring 3 or more on Q2c) OR necessitating professional contact (Q2d).
- **Q2b** – 'YES' to past history of any other mental health problems (e.g., eating disorder psychosis, bipolar disorder, schizophrenia)
- **Q8** – relating to emotional abuse
- **Q9** – relating to physical or sexual abuse

Must be considered high risk irrespective of the total ANRQ score

- iv. Minimum score is 5; Maximum score is 67

- v. There is *no absolute cut-off score* for the ANRQ, but a score of **24 or more** suggests presence of significant psychosocial risk factors, and consideration of the woman as at significant risk of perinatal mental health problems. Further enquiry is indicated to establish psychosocial care needs and treatment planning.