

POSTNATAL RISK QUESTIONNAIRE (PNRQ)*



INSTRUCTIONS: Please CIRCLE NUMBERS 1-6 OR TICK Yes/No, AS APPLICABLE AND COMPLETE ALL ITEMS

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Today's Date: _____ Name _____ Baby Date of Birth _____

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. Before this pregnancy did you ever have a period of 2 weeks or more when you felt particularly anxious, miserable or depressed?

Yes No

If **yes**, did this:

a) seriously interfere with your work and your relationships with friends and family?

1	2	3	4	5
not at all	somewhat		very much	

b) lead you to seek professional help? Yes No

If **yes**, did you see a Psychiatrist Psychologist/Counsellor GP

(Name of professional): _____

c) Did you take tablets/herbal medicine? Yes No

If **yes**, please specify: _____

d) Do you have any other history of mental health problems (i.e eating disorders, psychosis, bipolar disorder, schizophrenia)? Yes No If yes please specify _____

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, major changes or losses **in the last 12 months** (e.g separation, domestic violence, unemployment, bereavement or migration)?

Yes No

If **yes**, please list: _____

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 abused sexually or physically ? Yes No

11. Was your experience of giving birth to this baby disappointing or frightening?

1	2	3	4	5
not at all	somewhat		very much	

12. Has your experience of parenting this baby been a positive one?

1	2	3	4	5
very much	somewhat		not at all	

13. Overall, has your baby been unsettled or feeding poorly?

1	2	3	4	5
not at all	somewhat		very much	

If you would like some help with any of these issues please discuss with your health professional

PNRQ Total =

SCORING INSTRUCTIONS FOR THE PNRQ*

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1. Score 5 for “ Yes” and 0 for “No” on answers to Questions 2, 2b, 4a, 8, 9 and fill in the grey boxes along the right hand side..
2. For question 2d, if “Yes” score 5 if Q 2 has not already been scored positive. Otherwise leave score blank.
3. Score the number circled for Questions 1, 2a, 3, 4b, 5, 6, 7, 11, 12, 13.
4. Sum all scores (yes/no and circled answers). Maximum score is 77; minimum is 10.

There is no cut-off score at this stage; but a score above 24 suggests presence of more than two or three risk factors at a significant level (score of 4 or 5). Further enquiry is indicated to establish psychosocial care needs.

(Scores on the PNRQ must also be considered in light of the Edinburgh Depression Scale (EDS) score which is done at the same time.)