

# 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).*

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	
	very much	somewhat	not at all	[	]	]	<input type="checkbox"/>
  
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:
 

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	
	not at all	somewhat	very much	[	]	<input type="checkbox"/>
  
- 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: \_\_\_\_\_
  
3. Is your relationship with your partner an emotionally supportive one? *(If you have no partner circle 6)*

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	
	very much	somewhat	not at all	[	]	]	<input type="checkbox"/>
  
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?
 

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	
	not at all	somewhat	very much	[	]	<input type="checkbox"/>
  
5. Would you generally consider yourself a worrier?
 

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	
	not at all	somewhat	very much	[	]	<input type="checkbox"/>
  
6. In general, do you become upset if you do not have order in your life (e.g. regular time table, a tidy house)?
 

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	
	not at all	somewhat	very much	[	]	<input type="checkbox"/>
  
7. Do you feel you have people you can depend on for support with your baby?
 

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	
	very much	somewhat	not at all	[	]	<input type="checkbox"/>
  
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.

# ANTENATAL RISK QUESTIONNAIRE (ANRQ)

## 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 **23 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.