

# Postnatal Risk Questionnaire (PNRQ)\*

Date: \_\_ / \_\_ / \_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_ / \_\_ / \_\_\_\_

INSTRUCTIONS: Please circle numbers 1-6 or tick yes/ no, as applicable and complete all items.

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          |
| Very much |   | Somewhat |   | Not at all |
  - b) lead you to seek professional help?
 

|      |  |     |  |
|------|--|-----|--|
| Yes: |  | No: |  |
|------|--|-----|--|

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

Name of health professional: \_\_\_\_\_
  - c) Did you take tablets/herbal medicine?
 

|      |  |     |  |
|------|--|-----|--|
| Yes: |  | No: |  |
|------|--|-----|--|

If yes, please specify: \_\_\_\_\_
  - d) Do you have a 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 specify: \_\_\_\_\_

b) How distressed were you by these stresses, changes or losses?
 

|           |   |          |   |            |
|-----------|---|----------|---|------------|
| 1         | 2 | 3        | 4 | 5          |
| Very much |   | Somewhat |   | Not at all |
  
5. Would you generally consider yourself a worrier?
 

|           |   |          |   |            |
|-----------|---|----------|---|------------|
| 1         | 2 | 3        | 4 | 5          |
| Very much |   | Somewhat |   | Not at all |
  
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          |
| Very much |   | Somewhat |   | Not at all |
  
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 |



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

|      |  |     |  |
|------|--|-----|--|
| Yes: |  | No: |  |
|------|--|-----|--|

9. Have you **ever** been abused sexually ( ) or physically ( )?

|      |  |     |  |
|------|--|-----|--|
| Yes: |  | No: |  |
|------|--|-----|--|

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

|           |   |          |   |            |
|-----------|---|----------|---|------------|
| 1         | 2 | 3        | 4 | 5          |
| Very much |   | Somewhat |   | Not at all |

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

|           |   |          |   |            |   |
|-----------|---|----------|---|------------|---|
| 1         | 2 | 3        | 4 | 5          | 6 |
| Very much |   | Somewhat |   | Not at all |   |

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

|           |   |          |   |            |
|-----------|---|----------|---|------------|
| 1         | 2 | 3        | 4 | 5          |
| Very much |   | Somewhat |   | Not at all |

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

**PNRQ Total:**



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## Scoring Instructions for the PNRQ\*

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.)

\*Marie-Paule Austin & Susan Priest Sept 2005. This questionnaire may be downloaded, printed and copied for personal or non-commercial use without permission of the authors providing it is not altered.

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