

## HBHC Screening Questionnaire

HBHC Screening Question	BORN SCORE		
	2 N=35	3 N= 11	4 N= 4
1. Multiple birth	1	1	
2. Premature (born less than 37 weeks gestation)	4	1	2
3. Birth weight less than 1500g			
4. Birth weight more than 4000g	9	3	1
5. Apgar score less than 5 at 5 minutes			
6. Health conditions/medical complications during pregnancy that impact infant	12	8	4
7. Complications during labour and delivery	19	8	4
8. Maternal smoking of cigarettes during pregnancy			
9. Maternal smoking of more than 100 cigarettes (5 packs) in her lifetime prior to pregnancy			
10. Maternal alcohol use during pregnancy			
11. Maternal drug use during pregnancy			
12. No prenatal care before sixth month			
13. Mother is less than 18 years old			
14. Mother was less than 18 years old when first child was born			
15. Experienced a previous loss	12	2	2
16. Single parent			
17. Mother and/or child does not have a designated primary care provider	1	1	1
18. Mother does not have an OHIP number			
19. Mother did not complete high school			
20. Infant/child has a congenital or acquired health challenge		1	1

HBHC Screening Question	BORN SCORE		
	2 N=35	3 N= 11	4 N= 4
21. Maternal separation from infant greater than 5 days			
22. Father/partner/support person is not involved with care or baby/child			
23. Client cannot identify support person to assist with parenting of the baby/child			
24. Client cannot identify support person to assist with care of the baby/child			
25. Client or family in need of newcomer support	1	1	
26. Client has concerns about money to pay for housing/rent and family's food, clothing, utilities and other basic necessities			
27. Client or parenting partner has a history of depression, anxiety, or other mental illness	11	1	
28. Client or parenting partner has a disability that may impact parenting			
29. Client expresses concern about their ability to parent baby/child			
30. Client expresses concern about their ability to care for baby/child			
31. Client's relationship with parenting partner is strained			
32. Client or parenting partner has been involved with Child Protection Services as a parent			
33. Client expresses that baby/child is difficult to manage			
34. Client's response patterns are inconsistent or inappropriate to the baby's/child's cues			
35. Parent(s) identified a risk factor			
36. Health care professional has concerns about the wellbeing of client and/or baby/child			